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## Reflexive dialogue within the supervisory relationship to enhance supervisee learning outcomes

Fiona L. Calvert  
*University of Wollongong*

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**Reflexive dialogue within the supervisory relationship to enhance  
supervisee learning outcomes**

*A thesis submitted in partial fulfilment of the requirements for the award of the degree*

DOCTOR OF PHILOSOPHY

from the University of Wollongong

Fiona L. Calvert

Supervisors: Prof Frank Deane and Prof Brin Grenyer

This research has been conducted with the support of the Australian Government Research Training  
Program Scholarship

School of Psychology, University of Wollongong

May 2019

## **CERTIFICATION**

I, Fiona L. Calvert, declare that this thesis, submitted in partial fulfilment of the requirements for the award of Doctor of Philosophy, in the School of Psychology, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

*Fiona L. Calvert*

*6<sup>th</sup> May 2019*

## **FORMATTING STATEMENT**

This thesis is prepared in journal article compilation style format. All chapters except the concluding chapters are based on publications that have been published or submitted for publication in peer reviewed journals.

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## LIST OF PUBLICATIONS

Calvert, F. L., Crowe, T. P & Grenyer, B. F. S. (2016). Dialogical reflexivity in supervision: An experiential learning process for enhancing reflective and relational competencies. *The Clinical Supervisor*, 35, 1-21. doi: 10.1080/07325223.2015.1135840 (see Appendix A).

Calvert, F. L., Crowe, T. P & Grenyer, B. F. S. (2017). An investigation of supervisory practices to develop relational and reflective competence in psychologists. *Australian Psychologist*, 52, 467-479. doi: 10.1111/ap.12261 (see Appendix B).

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## **ABSTRACT**

Relational competence is a core ability for practising psychologists and an important area of foundational learning in psychological training. This thesis involves a series of studies which investigate the ways in which supervision is currently utilised to build trainee psychologists' relational competence. In particular, this thesis focuses on the development of the relational skill of metacommunication, the ability to process interpersonal dynamics in the here-and-now with clients in a therapeutic way.

Study 1 investigated the practices used in supervision for developing relational competence. Forty-five supervisees and 41 supervisors participated in an online survey in which they rated the perceived usefulness and actual use of various supervisory interventions for developing relational competence. Participants also provided qualitative responses regarding methods used. Responses revealed a variety of interventions currently being utilised to improve supervisee relationship competence. Ratings of perceived usefulness and actual use of various supervisory interventions were not related to theoretical orientation but did have multiple associations with the nature of the supervisory relationship.

Study 2 aimed to explore Australian field supervisors' perspectives on the developmental markers of the relationship competency. Thirty-two supervisors described the behavioural markers they use to assess the developmental trajectory of relational competence among their supervisees. Similarities and notable differences between previous expert panels and the current sample were observed in comparing data on the development of relational competence. Compared with previous expert panels, the Australian sample emphasised the ability to understand relational data in the moment and to speak directly about the therapeutic relationship with the client. This study provides in-depth descriptions of supervisee progress in the development of relational competence.

Study 3 focused specifically on the development of psychologists' capacity to metacommunicate with clients and whether supervisees are open to learning this skill experientially within their supervisory relationship. A total of 129 supervisees completed the *Metacommunication in Supervision Questionnaire- MSQ*, a measure devised for the purpose of the study to explore the frequency and willingness to use various forms of metacommunication in clinical supervision. There were significant differences in the reported frequency with which the different types of metacommunication are actually used. A factor analysis elicited a two-factor structure underlying the MSQ.

Study 4 expanded on this research to examine psychologists' responses to two forms of training in metacommunication: an online training tool (didactic) and an in-supervisory metacommunication exercise (experiential). The sample comprised 101 supervisees who all completed the online training tool. Forty-eight participants also elected to undertake the in-supervision exercise. Participants reported significantly higher willingness and self-efficacy for engaging in metacommunication after completing the online training. They also showed a higher proportion of metacommunicative statements in their post-training vignette responses compared with pre-training. The increases in willingness and self-efficacy were retained at six-week follow-up. A trend was observed whereby those who completed this experiential exercise in supervision showed a slight increase in willingness after participating in the intervention while participants who only completed the online training showed a declining trend in their willingness at 6-week follow-up.

Study 5 was a qualitative exploration of the experiences of the 48 participants who completed the experiential supervisory intervention in the previous study. Thematic analysis of the reflective written responses completed post-intervention revealed a rich array of supervisee experiences of the metacommunication exercise. Supervisees spoke of anticipated impacts on supervision and their therapy practice, including: greater depth of reflection,

attending to parallel process, discussion of roles, increased bond, improved openness, and increased confidence in metacommunicating. Challenges described following the supervisory intervention included, difficulties with timing, discomfort, and consideration of power dynamics in supervision.

Taken together, findings from these five studies highlight the importance of understanding and improving the ways in which psychologists are supported to develop relational competence, particularly complex therapeutic skills such as effective metacommunication. Both didactic and experiential methods of teaching metacommunication in supervision appear to increase willingness to engage in future metacommunication and improvements in skills. However, further research utilising experimental designs is required in this area.

## **CHAPTER ONE: INTRODUCTION AND AIMS**

Substantial parts of the content of this introduction have been published as a theoretical paper in the journal *The Clinical Supervisor* (see Appendix A).

Calvert, F. L, Crowe, T. P & Grenyer, B. F. S. (2016). Dialogical reflexivity in supervision: An experiential learning process for enhancing reflective and relational competencies. *The Clinical Supervisor*, 35, 1-21. doi: 10.1080/07325223.2015.1135840



## **1.1 RELATIONAL AND REFLECTIVE COMPETENCIES**

The recent movement towards criterion-based curriculum design within psychology has resulted in the articulation of competency-based models of clinical training and supervision (Belar, 2009; Falender & Shafranske, 2004; Gonsalvez & Calvert, 2014). A paradigm shift has occurred in training and supervision methods within psychology toward greater focus on the development of specific therapeutic and professional abilities or competencies (Rubin et al., 2007). Training or supervising with a competency-based model requires the systematic formulation of learning outcomes from the outset of training and prioritisation of tasks designed to achieve these outcomes throughout the training process. Various frameworks of competency types, stages and learning structures to facilitate this process have been articulated within the literature (Fouad et al., 2009; Kaslow, 2004). In terms of assessment of progress, competency-based models espouse a shift from normative or relative judgements of trainee competence to the use of objective, criterion-based anchors to measure abilities (Gonsalvez et al., 2013; Gonsalvez & Crowe, 2014; Terry, Gonsalvez, & Deane, 2017).

Within the competency literature, relationship is acknowledged as fundamental to other competencies in professional psychology (National Council of Schools and Programs in Professional Psychology, 2007) and has been considered “the substratum existing under and supporting other competencies” in psychological practice (Mangione & Nadkarni, 2010, p. 69). Research has shown that prioritising the therapy relationship makes empirical sense, with the therapeutic alliance accounting for 4-26% of the variance in therapeutic outcomes (Crits-Christoph, Gibbons, & Hearon, 2006; Hardy, Cahill, & Barkham, 2007). Thus, relational competence is an important target for development in the skillset of trainee psychologists.

Rodolfa et al. (2005) defined the relationship competency as the foundational capacity “to relate effectively and meaningfully with individuals, groups, and/or communities” (p.

351). The development of the relationship competency begins with basic relational knowledge, skills, and abilities such as basic counselling skills, expressions of empathy, and active listening. This competency then progresses to participation in honest and productive self-reflection; the ability to tolerate ambiguities in relationships; understanding the importance of metacommunication, reflexivity, or processing of relationships; and the ability to step back to view oneself and the relational dynamics at play (Mangione & Nadkarni, 2010). Thus, the relationship competency implies more than just basic interpersonal and counselling skills; it also refers to therapists' ability to be constantly attuned to their own moment-to-moment cognitive and affective experiences. From this awareness comes the ability to respond to interactions with clients in spontaneous, genuine, and authentic ways and to encourage clients to also articulate and engage with the relational struggles occurring within the interaction (Jenkins, 2010).

Central to definitions of the relationship competency is the ability to reflect on oneself and the relational dynamics at play, also described as *metaperspective* (Mangione & Nadkarni, 2010). Reflective practice, the purposeful and critical analysis of one's knowledge and experience with the aim of accessing deeper meaning and understanding, is an essential therapist skill (Mann, Gordon, & MacLeod, 2009). It is here that relational and reflective competencies intersect to facilitate a reflective position within relationships in which practitioners step into a cognitive and affective position alongside the moment-to-moment relational situation at hand and examine their own biases, reactions, affect, and behaviour (Mangione & Nadkarni, 2010; Safran & Muran, 2000). Perhaps most challenging for the novice therapist (and potentially for expert therapists also) is cultivating the skill of reflection-in-action (Falender & Shafranske, 2010). Initially articulated by Schön (1983), reflection-in-action involves engaging in reflection as a relational event is unfolding, making decisions and adjustments to our actions in a moment-to-moment fashion. Schön distinguished reflection-in-

action from two other forms of reflection: reflection-on-action (making sense of an event that has already taken place) and reflection-for-action (proactively using past reflections to inform future action). Each of these reflective processes is important in relational competence and supervision and training should be aimed at helping practitioners to develop critical awareness of their experiences both during an intervention (reflection-in-action) and after the intervention (reflection-on-action), as well as in planning for future interventions (reflection-for-action; Hallett, 1997) .

## **1.2 SUPERVISION METHODS FOR ENHANCING RELATIONAL COMPETENCE**

Clinical supervision is an essential aspect of all pathways to registration as a psychologist in Australia and provisional psychologists are required to undertake weekly supervision for a minimum of two years (Psychology Board of Australia, 2019). Broadly, clinical supervision has three key functions: normative (e.g., case management); restorative (e.g., facilitating emotional experiencing/processing); and formative (e.g., developing and maintaining the supervisee's competence) (Milne, 2009). Professional supervision is viewed as an essential space of learning and development for psychologists (Bernard & Goodyear, 2019) and ongoing supervision and peer consultation are important practices for psychologists to “maintain appropriate levels of professional competence” (Australian Psychological Society, 2007, p. 19).

Within the literature, both outside-of-session and in-session supervision interventions have been proposed for enhancing relational competence. Regarding outside-of-session activities, a number of approaches have been outlined wherein the supervisee engages in independent reflection on a therapeutic dilemma, responding to questions exploring their cognitions, emotions, intentions, theoretical perspectives and possible responses to the event (Holloway & Carroll, 1999; Neufeldt, 1999). Journaling has also been proposed as a method for enhancing supervisee relational awareness (Orchowski, Evangelista, & Probst, 2010;

Osborn, Paez, & Carribean, 2007) and journal entries can then be processed in supervision (Billings & Kowalski, 2006).

Interventions for use exclusively within the supervision session have also been proposed for the development of relational competence. Supervisors may model counselling microskills so that the supervisee has the opportunity to observe and emulate these skills in his or her own practice (Goodyear, 2014). Supervisors might model these competencies through methods such as role-playing, active listening practice, and teaching conflict-resolution skills (Mangione & Nadkarni, 2010). *Interpersonal process recall* (IPR, Kagan, 1980) a supervisory strategy aimed at increasing therapist awareness of affective and interpersonal dynamics in the therapeutic relationship. In this method, the supervisor and supervisee view a recording of a psychotherapy session, pausing it at puzzling or compelling points for review and analysis. The supervisor acts as a facilitator, using questions to prompt exploration of supervisee and client emotions, intentions, perceptions, and expectations (Bernard & Goodyear, 2019).

These strategies promote the development of relational competence predominantly utilising processes of reflection-on-action and reflection-for-action principles. Although the importance of these forms of reflection cannot be overstated, there is also a need to attend to developing therapists' abilities to engage in moment-to-moment reflection and processing of relational dynamics using reflection-in-action.

### **1.3 METACOMMUNICATION: DEFINITION AND AIMS**

This thesis gives particular focus to the development of the reflection-in-action skill of speaking directly with clients about dynamics in the therapeutic relationship. We utilise the term *metacommunication* (Kiesler, 1988) to refer to this skill. However, a number of alternative terms have been used interchangeably in the literature, including *process comments* (Teyber & McClure, 2011) and more commonly, *immediacy* (Hill et al., 2014a). Initial definitions of immediacy (e.g., Hill, 2004) focused on therapist disclosures to the client

about his or her feelings about the client, him- or herself in relation to the client, or about the therapeutic relationship. More recent definitions of immediacy have been broadened to better reflect the interactive nature of the therapy dyad, with this term now encompassing any therapist- or client-initiated disclosures of feelings about either participant in the therapeutic relationship or the therapy relationship itself (Hill et al., 2014a; Kuutmann & Hilsenroth, 2011; Mayotte-Blum et al., 2012). These terms all refer to the process of the therapist engaging in a direct dialogue with the client about the interactional dynamics occurring between them in the therapeutic relationship. This thesis utilised the term metacommunication to refer to the phenomenon of recognising emotions or behavioural interactions within the therapeutic relationship, stepping back from this experience with reflexive curiosity, and engaging in an open dialogue about what is occurring within the relationship (Safran & Muran, 2000). Typical examples of metacommunication include exploring parallels between the therapy relationship and outside relationships; the client or therapist speaking about their emotional reactions in session; the therapist inquiring about the client's reactions to therapy or the therapist; the therapist speaking to his or her experiences of the client; and expressing gratitude towards the other (Mayotte-Blum et al., 2012). Metacommunication can also involve interpretations of transference phenomena (Høglend et al., 2011).

According to Levenson (2010) “metacommunication involves discussing and processing what occurs in the here-and-now client–therapist relationship that involves both therapist and client. For example, ‘It seems, Mr. Johnson, as you get quieter and quieter, I become more and more reassuring. I am not sure what is happening here, but can we take a look at what this feels like for both of us?’” (p. 87). Metacommunication requires the ability to use a reflection-in-action stance to process occurrences in the therapeutic relationship with clients in a here-and-now fashion. In order to use this skill effectively, therapists must be able to recognise salient emotions or behavioural interactions occurring within the therapeutic

relationship, step back from this experience with reflexive curiosity, and engage in an open dialogue with the client about what is occurring within the relationship (Safran & Muran, 2000). Using metacommunication with clients can also involve interpretations of transference phenomena occurring within the therapeutic relationship (Høglend et al., 2011).

Empirical case studies have showed that metacommunication can be useful in building an effective therapeutic relationship, resolving ruptures or impasses in therapy, and providing a modelling opportunity for clients to learn to manage their relationships outside of therapy (Berman et al., 2012; Hill et al., 2014a; Hill et al., 2008; Kuutmann & Hilsenroth, 2011; Mayotte-Blum et al., 2012). Muran, Safran and Eubanks-Carter (2011) provide a model for the resolution of ruptures in therapy, utilising metacommunication strategies. Within this model. The therapist must recognise when a rupture has taken place and invite collaborative exploration of it. The therapist must then “facilitate a disembedding from the relational matrix or unhooking from the vicious cycle. The key principle in this regard is to establish communications about the communication process, or metacommunication” (p. 323). Muran et al. (2011) offer some suggestions around how therapists might invite a metacommunicative conversation including with direct questioning (e.g., *What are you feeling right now?*), with an observation about the patient’s apparent experience (e.g., *You seem anxious to me right now. Am I reading you right?*), by directing attention to the interpersonal dynamic (e.g., *What’s going on here between us?*), encouraging the client to be curious about the therapist’s experience (e.g., *Do you have any thoughts about what might be going on for me right now?*), or engaging in self-disclosure about his or her experience within the therapy dynamic (e.g., *I’m aware of feeling defensive right now*).

Muran et al. (2011) outlined a number of principles of using metacommunication to address therapeutic ruptures. Firstly, they suggest that therapists ought to create a climate that invites collaborative inquiry, particularly in the case of relationship ruptures. They emphasise

that therapist should try to communicate their observations in a tentative and curious manner that invites client input. Secondly, the authors suggest that while metacommunicating, therapists should keep the focus on the present moment and prioritise awareness and noticing over change-directed strategies. Thirdly, they emphasise the importance of recognising that the therapy relationship is always changing and constantly gauging relatedness and interactional experiences with the client over time. The authors also note the importance of therapists emphasising their own subjectivity in any metacommunication conversations and being willing to explore their own contributions to relational events in an open and non-defensive manner. Finally, the authors suggest that therapists should understand that their initial attempts at metacommunication are just the beginning of a resolution. Disembedding from relational patterns is a process that takes time and repetition.

According to Teyber and Teyber (2014), the use of metacommunication with clients “is a core component of change” in therapy. It has been suggested that metacommunication facilitates therapeutic change by helping clients to use therapy as a space to develop their awareness of any problematic relational patterns and the impacts of their responses on others (Kiesler, 1996; Teyber & McClure, 2011). Further, metacommunication may give clients an opportunity to discuss their emotions and responses in a different manner than that which they have learned to expect in other relationships (Teyber & McClure, 2011). In other words, metacommunication may provide clients with a corrective emotional and relational experience. A corrective experience is defined as occurring when a client “comes to understand or affectively experience an event or relationship in a different or unexpected way (Castonguay & Hill, 2012, p. 3) and is seen as being an important driver of therapeutic change (Barber & Sharpless, 2015; Heatherington, Constantino, Friedlander, Angus, & Messer, 2012; Knox, Hess, Hill, Burkard, & Crook-Lyon, 2012; Teyber & Teyber, 2014).

A number of single-case study examinations of metacommunication have been conducted. Kasper, Hill, and Kivlighan (2008) examined metacommunication within a 12-session case of brief psychological therapy. Two judges reviewed transcripts of the sessions and coded (with consensus) the types of immediacy using categories emerging from the therapy content. They also coded whether the metacommunication was therapist- or client-initiated and whether the metacommunication invitation was accepted (i.e., whether the other person continued the metacommunicative discussion). Further, the researchers examined the client's post-session written reactions to the therapy process. The researchers found that the therapist used a significant amount of metacommunication (33% of his interventions involved immediacy) and that all of the metacommunication events were therapist-initiated.

Metacommunication was used to explore parallels between the therapy relationship and relationships outside of therapy, to encourage expression of immediate feelings in therapy, to process termination, for the therapist to express disappointment/sadness/hurt, for inquiring about the client's reactions to therapy, to express care/ feeling close/ wanting to connect/ feeling proud of the client. Kasper et al. concluded that metacommunication was beneficial in this case in that it was observed to have supported the negotiation of the therapeutic relationship, provided a corrective relational experience for the client, and helped the client to lower her psychological defenses. However, metacommunication was also judged to have had a few negative effects, including the client experiencing confusion and feeling pressured to respond/ awkward at some points where metacommunication was used.

In a similar single-case study, Hill et al. (2008) examined metacommunication in a 17-session case of brief psychological therapy. A research team of five therapist co-rated videotapes of the therapy sessions to reach a consensus about instances of metacommunication (with a focus on who initiated the event, the type of metacommunication used, the apparent effects of the metacommunication and the function of the



metacommunication). The researchers identified 56 metacommunication events across the therapy sessions, with the majority initiated by the therapist. They concluded that metacommunication enabled the therapist and client to actively negotiate the therapeutic relationship, assisted the client to express her moment-to-moment emotional experiences to the therapist, helped the client to be open to deeper exploration of her concerns, and provided the client with a corrective relational experience.

Mayotte-Blum et al. (2012) explored the use of metacommunication in a single-case of longer-term (4 years) psychotherapy. A team of raters viewed recordings of the psychotherapy sessions and identified instances where metacommunication had occurred through a consensus process. They also discussed each metacommunication event in relation to: who initiated the event, the type of metacommunication, the effects of metacommunication, and the intended function of the event. The raters also independently coded the metacommunication events on a depth-scale ranging from 1 (*Mundane, one-sided exchange*) through to 5 (*Prolonged exchange with both participants actively expressing substantial affective depth and immediate feelings*). The researchers found that metacommunication was frequently and equally initiated by both the client and the therapist. In terms of therapist metacommunication events, the therapist commenting on his experience of the client was the most frequently used type of metacommunication, while clarifying needs/desires in the relationship and comparing the therapeutic relationship to past therapeutic relationships were both the least frequently employed types. In terms of client metacommunication, commenting on the therapist's behaviour was the most frequently employed type of metacommunication and clarifying intentions was the least frequently used type of event. The average depth of the metacommunication events was rated as 3.2 ( $SD = 1.2$ ). The depth was rated as slightly higher for the metacommunication events initiated by the therapist compared with those initiated by the client. The participating client was also

interviewed about her experiences of metacommunication by an independent clinician post-therapy. She described feeling that the use of metacommunication helped to validate her concerns and enhance her bond with her therapist. She also expressed that metacommunication helped her to improve her ability to tolerate difficult emotions.

Hill et al. (2014a) conducted an exploration of the occurrence of metacommunication in 16 cases of individual therapy conducted by doctoral student therapists with adult clients. Trained research teams reviewed and coded videos of the therapy sessions to determine whether metacommunication occurred and if so, the type and function of the metacommunication used. A total of 234 metacommunication events were identified in the videos. The most frequent type of metacommunication employed was open discussion about unexpressed feelings in the therapeutic relationship (making the implicit explicit). The least frequently used form of metacommunication involved the repair of ruptures to the therapeutic alliance. A number of apparent consequences of the instances of metacommunication were identified by the judges. These judgements were based on how the client responded to the communication and consequences included (from highest to lowest frequency): client openly expressed their feelings about the therapeutic relationship; client opened up to the therapist and gained new insights; clarification of boundaries; client felt validated or cared for; relationship ruptures were resolved; or client had a reparative/corrective experience. The review panel did not judge that negative effects had occurred in any of the cases.

A recent study conducted by Friedlander et al. (2018) explored the corrective emotional experience of a client who undertook six sessions of psychotherapy with Hanna Levenson as part of the American Psychological Association's *Theories of Psychotherapy* video series. The researchers investigated the nature and role of metacommunication as one of the therapeutic devices employed by the therapist. Two raters independently reviewed the videotapes and identified instances of metacommunication, with reference to definitions

utilised in previous studies (e.g., Hill et al., 2014). After a consensus was reached on identifiable metacommunication events, three raters independently rated the depth of each one, utilising the 5-point scale created by Hill et al. (Hill et al., 2008). Raters also independently categorised the type of metacommunication used, based on categories from previous studies (Hill et al., 2008; Kasper et al., 2008; Mayotte-Blum et al., 2012). Alongside the videotapes, the researchers analysed transcripts of the therapist's and the client's post-therapy reflections on sessions. A total of 17 metacommunication events were observed, 16 of which were initiated by the therapist. The researchers noted that during several of the immediacy events, the client described her responses to the therapist and identified these responses as markers of change. On several occasions, the client drew parallels between the therapeutic relationship and other relationships she has experienced and was observed to change her responses to the therapist over time. The researchers concluded that this indicates a corrective relational experience in therapy (e.g., the client described "bringing down the wall" with her therapist over time. This involved revealing more emotional vulnerability with the therapist, despite longstanding interpersonal patterns of inhibiting emotional expression). The researchers observed increases over time in the frequency and depth of metacommunication and this was related to decreases in problem markers as well as increases in change markers within the therapeutic process.

A study conducted by Hess et al. (2006) aimed to explore methods of training to develop trainee psychologists' skills in responding to angry clients, with metacommunication being a key focus of the study. The three types of training for dealing with anger were: supervisor-facilitated (individual meeting with supervisor to discuss and role-play methods of dealing with an angry client), self-training (reflective writing exercise on reactions, thoughts and feelings associated with viewing a vignette of an angry client) and biblio-training (reading an article about a treatment model for anger). The 62 participating student therapists

each completed all three forms of training in randomised order. Participants then viewed vignettes depicting an angry client (played by an actor), directing both verbal and non-verbal angry expressions to the camera. They were given a 30 second window in which to write a verbal response to the client. Unexpectedly, the researchers found no differences across the forms of training in terms of participants' state anxiety, self-efficacy for working with anger, and use of metacommunication in vignette responses. Interestingly, the researchers noted that the proportion of immediacy used by participants was high in response to the pre-training vignette (21%), which represents a greater frequency than that observed in previous samples (Hill & O'Brien, 1999). Therefore, the researchers postulated that the participants in their particular study were already using metacommunication frequently and it may not have been appropriate for them to increase the frequency of this. In terms of the participants' subjective perceptions of the training types, the supervisor-facilitated training was rated as more helpful than, and was preferred to, self-training and biblio-training. Hess et al. (2006) concluded their study with the recommendation that client vignettes may be a helpful adjunct to training in terms of enhancing relational competence beyond basic counselling skills.

#### **1.4 METACOMMUNICATION IN THE SUPERVISORY CONTEXT**

Metacommunication has more recently received some interest in the context of the clinical supervision relationship. Stoltenberg and McNeill (2012) assert that open and clear communication between the supervisor and supervisee (within professionally appropriate parameters) is necessary for the supervision process to be impactful. In parallel to its potential uses in the therapeutic relationship, it is possible that metacommunication in supervision could facilitate the supervisory alliance and assist with resolving ruptures within the supervisory relationship (Hill & Gupta, 2018).

Research has consistently revealed a rich territory of relational dynamics at play within supervision and pointed to the importance of attending to these dynamics directly (e.g.

Johnstone & Milne, 2012; Ladany, 2004; Ladany, Hill, Corbett, & Nutt, 1996; Murphy & Wright, 2005; Pisani, 2005). Open, non-judgemental, and supportive supervisory relationships create an emotionally safe climate for supervisees to be vulnerable and take risks in asking difficult questions or discussing material critically with supervisors (Ancis & Marshall, 2010; DeStefano et al., 2007). Several studies have demonstrated that supervisees withhold relevant information from their supervisors on intentional and unintentional bases, particularly their thoughts and feelings about the supervision relationship itself (Ladany, 2004; Ladany et al., 1996; Pisani, 2005). Supervisees report that they benefit from openness and collaboration within supervision relationships (Johnstone & Milne, 2012; Murphy & Wright, 2005) as well as supervisor self-disclosure regarding the relationship (Ancis & Marshall, 2010). Morrison and Lent (2018) found that supervisee self-efficacy is predicted by their beliefs about how their supervisor perceives their (supervisee's) efficacy. They termed this phenomenon *relation-inferred self-efficacy*. Based on their findings, Morrison and Lent suggested that supervisors should consider speaking directly with supervisees about how they think they are viewed by their supervisor. The researchers postulated that using metacommunication to attend to this in supervision may encourage a beneficial discussion about the supervisory relationship, along with the opportunity to correct any ruptures and misperceptions.

Studies also point to the importance of correspondence between supervisees and supervisors in the aims and focus of supervision. Some supervisees have reported that they appreciate supervisors supporting them to discover their own answers in supervision (Johnstone & Milne, 2012), while others experience anxiety and pressure from the supervisor if this more Socratic method is adopted (Reichelt & Skjerve, 2001). These differences of preference highlight the importance of facilitating open discussion in supervision regarding the supervisee's hopes, expectations, and experiences within the supervisory relationship. These differences may also relate to the developmental level of the supervisee (i.e., some

supervisees may be less ready to engage in Socratic dialogue and require more strengthening and scaffolded learning first). Open negotiation and collaboration between supervisor and supervisee is therefore an essential component of supervision (Ratcliffe, Wampler, & Morris, 2000; Reichelt & Skjerve, 2002). On a related note, power imbalance within supervision is another important area for attention in maintaining the supervisory relationship. Ongoing difficulties with power imbalance in supervision have been shown to lead to supervisee experiences of uncertainty and unsafeness (Bukard, Knox, Hess, & Schultz, 2009), stress and self-doubt (Nelson & Friedlander, 2001), and loss of collaboration in supervision (Patel, 2004).

Research exploring the occurrence of negative or unhelpful events in supervision demonstrates that supervisees wish that their supervisor would acknowledge such events (Ladany & Ancis, 2001). However, supervisees tend not to disclose these feelings to their supervisors, hence these negative supervisory events often remain unresolved (Gray, Ladany, Walker, & Ancis, 2001; Nelson & Friedlander, 2001; Wilson, Davies, & Weatherhead, 2015). Supervisees report that they find openness and collaboration within supervision relationships to be useful (Johnstone & Milne, 2012; Marshall & Wieling, 2003; Murphy & Wright, 2005) and supervisor self-disclosure about experiences in supervision is perceived positively by supervisees (Ancis & Marshall, 2010). Non-disclosure and unhelpful supervisory dynamics highlight the importance of approaches to supervision that elicit appropriate discussion of unacknowledged or unspoken aspects of the supervisory relationship. They also point to the scope of available territory in which supervisees and supervisors can engage in real-time reflection upon and metacommunication about the relational processes in supervision.

A recent qualitative study explored supervisor and supervisee experiences of metacommunication in supervision (Hill & Gupta, 2018). Semi-structured interviews were conducted with 18 supervision dyads, exploring their use of metacommunication within

supervision. Two researchers consensually coded the qualitative data into 5 key themes about the use of metacommunication within the supervisory relationship. Firstly, metacommunication was sometimes not used and was not needed. Secondly, there were times when metacommunication could have been helpful but was not used, and the relationship dynamics were instead kept ‘underground’. Thirdly, metacommunication was sometimes used to negotiate or monitor the processes of supervision and the supervisory relationship. Fourth, metacommunication was at times used to draw parallels between processes occurring in therapy with those in supervision. Finally, metacommunicative dialogue was sometimes used to resolve relationship ruptures in supervision.

Perhaps most importantly, supervision also offers a unique opportunity for modelling of important therapeutic skills. Hill and Knox (2009) assert that when supervisors and supervisees examine their own interpersonal processes within the supervision setting, supervisees may move beyond intellectual understanding of the benefits of metacommunication, to experiencing this for themselves. In this way, it is possible that the use of metacommunication in supervision provides an opportunity for supervisee experiential learning about how to use this technique with their clients, representing a ‘down-the-line’ transfer of skill (Calvert, Crowe, & Grenyer, 2016).

## **1.5 SUPERVISION AS A SPACE FOR EXPERIENTIAL LEARNING**

Kolb (1984) described learning as a process in which knowledge is obtained through the transformation of experience, which is then put into action. He proposed a cycle of learning progression, consisting of four phases. According to Kolb, experiential learning occurs most effectively when all four phases of the cycle are completed. The first phase in the cycle is ‘concrete experience’, which involves experiencing the world through our own first-hand personal involvement in a situation. The emphasis in this phase is upon feeling/intuition rather than thinking. The second mode of learning, ‘reflective observation’, involves the use

of logical analysis of and abstract thinking about the learning situation with an emphasis on understanding rather than practical application. The third stage of the cycle, 'abstract conceptualisation', involves making sense of our new experience abstractly through examining ideas from different angles. This phase emphasises thinking as opposed to feeling. The final phase in the cycle is 'active experimentation' and involves testing the new knowledge by applying what we have learned in order to see results. This phase emphasises practical application and the tolerance of risk in order to achieve objectives. The use of experiential techniques within supervision corresponds with Kolb's assertion that learning is not an additive process, but a holistic, transformational experience involving the integration of new emotional experiences and cognitive processes with existing knowledge, attitudes, and behaviours.

In order to develop supervisees' capacity to metacommunicate with clients, the supervisory relationship might be conceptualised as a platform for experiential learning about relational processes and dynamics (Carroll, 2007, 2010; Kaslow & Bell, 2008; Milne & James, 2000; Orchowski et al., 2010; Sarnat, 2010, 2012; Watkins, 2013; Watkins & Scaturro, 2013). Such an approach to supervision moves beyond reflective dialogues about therapeutic events, the viewing of therapy videos, and the use of role plays to teach skills. These more didactic approaches to supervision and training may create therapists who have sound knowledge and counselling microskills but are less able to respond in the moment to challenging relational dynamics with clients (Ensink et al., 2013). The function of the supervisory relationship is not simply the transmission of knowledge and skill, but rather the creation of a space for interactional learning to enhance supervisee competencies in relational and reflective processes (Gonsalvez, Oades, & Freestone, 2002; North, 2013). The importance of experiential learning of relational and reflective competencies in supervision is underlined by the complexities involved in utilising these competencies within the therapy room.



According to Safran and Muran (2001), expert therapists engage in complex processing of relational phenomenon with clients, responding automatically or intuitively to such dynamics as they occur in therapy. In order for therapists to learn relational and reflective competence and respond to relational patterns in a genuine and present manner, it is desirable that supervisory strategies aimed at developing these competencies take place at an experiential level, not just a conceptual one (Orchowski et al., 2010).

Supervision may provide an optimal context for trainee therapists to develop the capacity to be attuned to the array of relational processes occurring in human engagement, including the effect of personal factors, context, and the triggering of affective responses. Hill and Knox (2009) postulate that “when supervisors and trainees examine their own interpersonal processes, trainees are engaged in an important cognitive and experiential learning opportunity. They intellectually come to understand the benefits of such conversations, but perhaps more importantly, they can experience for themselves favorable repercussions” (p. 30). In this sense, the supervision relationship offers a potential mirror to treatment that can be used as a space for supervisees to ‘try out’ relational processes and experiences. The use of metacommunication in supervision may provide an opportunity for supervisee experiential learning about how to use this technique with their clients.

In considering the notion of incorporating experiential learning opportunities through the immediacy of relational engagement within the supervisory context, it is necessary to attend to the nature of the supervisory relationship. Thus, the following section provides an overview of a model of the supervisory relationship: the tripartite model (Watkins, 2011b).

## **1.6 THE SUPERVISORY RELATIONSHIP: A TRIPARTITE MODEL**

A great deal of attention has been given to the nature of the supervisory relationship itself within the psychoanalytic literature, with much focus on the supervisory alliance and transference-countertransference phenomena, including parallel process (e.g., Fink, 2007;

Gediman, 2001; Werbart, 2007). More recently, Watkins (2011b) proposed a tripartite model of the supervisory relationship, adding the *real* or personal relationship to current representations of the supervisory bond. Each of these proposed processes of the supervisory relationship is important in the use of supervision for experiential and transformational learning and will thus be reviewed in this literature overview.

### **1.6.1 Supervisory working alliance**

According to Bordin's (1979) working alliance model of psychotherapy, the working alliance refers to the strength and quality of the relationship between client and therapist. It consists of three components: the emotional bond between therapist and client, the agreement between these parties regarding the goals in therapy, and the collaborative understanding of the tasks to be undertaken in working towards the therapy goals. Bordin asserted that mutual agreement in these three factors acts as a primary driver of change in therapy.

Bordin (1983) later extended his working alliance theory to include the supervisory relationship. Applied to the supervision context, the working alliance model suggests that supervisee and supervisor should have a solid bond, characterised by trust, respect and care for one another. The supervisory dyad must also collaboratively identify the goals and objectives for supervision, which take into account the supervisee's individual needs and developmental level. The tasks undertaken in supervision should be decided upon mutually and align with the specified goals. As with the therapeutic relationship, the supervisory working alliance has been perceived as central to the supervision change process (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999b). The supervisory working alliance is seen as a transtheoretical construct, in other words, it is a common factor to all supervision models and a core facilitator of supervisee development (Bordin, 1983; Efstation, Patton, & Kardash, 1990).

Research has consistently demonstrated that the quality of the supervisory working alliance is linked with a number of important outcomes and experiences in supervision. For example, supervisees' perception of the supervisory working alliance has been found to be the strongest predictor of satisfaction with supervision, above and beyond the role of contextual variables such as gender, age, sexual orientation, religious preferences, ethnicity, setting of supervision, and length of time in supervision (Cheon, Blumer, Shih, Murphy, & Sato, 2009). Stronger supervisory working alliance has also been found to be related to reduced role ambiguity and role conflict in supervision (Ladany & Friedlander, 1995). Further, the supervisee's perception of a strong supervisory working alliance has been shown to be associated with increased supervisee coping resources and decreased stress levels (Gnilka, Chang, & Dew, 2012).

### **1.6.2 Parallel process**

An important tenet of metacommunication in supervision is the notion that processing of relational dynamics within the supervisory relationship may translate into supervisee's work with clients more effectively than didactic approaches. Through modeling the process of 'looking inward,' a transformative, relational supervisory exchange may allow supervisees to experience first-hand the importance of understanding others' internal processes. In turn this process may be used therapeutically in their work with clients. The concept of parallel process offers a theoretical explanation for this phenomenon of material moving from one relationship setting to another.

Parallel process occurs when similar, interactional patterns arise within both the supervisor-therapist and therapist-client relationships. In other words, the transference of the supervisee and the countertransference of the supervisor within the supervisory context appear to mirror processes occurring in the therapy room (Morrissey & Tribe, 2001). For instance, a supervisee's experience of anxiety in therapy might result in an anxious or

dependent presentation within supervision (Haber et al., 2009). Perhaps a therapist working with an especially passive client begins to act in a passive manner during supervision, paralleling the dynamic within their relationship with the client (Page & Wosket, 2014). This concept was originally articulated by Searles (1955) as *the reflection process*, or the therapist's re-enactment of therapy session material in the supervision space. Ekstein and Wallerstein (1972) subsequently labelled this phenomenon parallel process and it has received considerable attention within the psychoanalytic literature since this time (Bromberg, 1982; Caligor, 1984; Gediman & Wolkenfeld, 1980; Morrissey & Tribe, 2001). Although originating from psychodynamic thought, parallel process has been acknowledged as an important facet of supervision for all supervisory orientations (Doehrman, 1976; Raichelson, Herron, Primavera, & Ramirez, 1997; Schlessinger, 1966). There is currently a lack of definitional consensus surrounding the concept of parallel process. Some authors (e.g., Watkins, 2012) subscribe to a definition of parallel process that is close to its original psychoanalytic roots, emphasising the *unconscious* movement of material from the therapy setting to the supervisory room. However, other authors adopt more encompassing and totalistic views of parallel process phenomena, such as the developmental models (e.g., Loganbill, Hardy, & Delworth, 1982; Stoltenberg & Delworth, 1987) and the interactional or interpersonal models (Kell & Mueller, 1966; Kiesler, 1992; Tracey, Bludworth, & Glidden-Tracey, 2012a; Tracey, Glidden-Tracey, & Bludworth, 2012b).

Interactional understandings of parallel process have deviated from traditional psychoanalytical models to posit that relational dynamics can be both conscious and unconscious and are bi-directional in nature. In other words, in addition to moving from therapy to supervision, relationship dynamics are hypothesised to travel downwards from supervision to therapy (Doehrman, 1976; Morrissey & Tribe, 2001; Tracey et al., 2012b). Thus, participants in both the therapeutic and supervisory relationships are thought to

contribute to transference and countertransference occurring across the different contexts (Tracey et al., 2012a). Williams (2000) studied 44 supervisory dyads and found that the more facilitative the supervisor's interpersonal style, the less domineering and controlling the therapist was in interactions with clients. Utilising an interactional model of parallel process, Tracey et al. (2012) explored this further in 17 therapy/supervision triads (client, therapist, supervisor). Sessions between all of the pairs of participants were recorded and rated for dominance and affiliation. The researchers analysed the data with hierarchical modelling and found that a positive client outcome was associated with increasing similarity between therapist and supervisor behaviour (parallel process) over time, in terms of dominance and affiliation. In other words, the results of the research demonstrated that the patterns of interaction for each supervision segment matched the patterns in the preceding therapy session more than the patterns observed by the same supervisor and supervisee taken randomly across the multiple supervisory triads. The researchers concluded that these findings provide support for the movement of patterns of dominance and affiliation between therapy and supervision contexts in a bi-directional manner (Tracey et al., 2012a).

There have been increasing calls for supervisors to incorporate directed parallel processing interventions within supervision to experientially assist the development of supervisee relational and reflective competencies (Blume-Marcovici, Stolberg, & Khademi, 2015; Crowe, Oades, Deane, Ciarrochi, & Williams, 2011; Tracey et al., 2012a). These authors have postulated that active efforts to develop the supervisee's capacity to engage in moment-to-moment reflection within the supervisory relationship may travel "down the line" (Crowe et al., 2011, p. 57), enhancing the supervisee's understanding of moment-to-moment relational processes within the therapy room (Binder, 1999; Crowe et al., 2011; Neufeldt, 2004; Safran & Muran, 2000). In other words, inviting the supervisee to directly work with repetitive relational phenomena in the supervision space may result in more transformational

learning. According to Haber et al. (2009), the identification of repetitive relational patterns present across the therapeutic and supervisory spaces “provides the foundation for the development of interventions that disrupt rigid patterns” (p. 72). Therefore, on the one hand, parallel process can be viewed as a potential challenge within the supervisory relationship, whilst on the other, intentional parallel processing can include an analysis and discussion of transference enactments (i.e., reflection on and for action) and corrective, engaged relational experiencing in the supervisory relationship.

### **1.6.3 Real Relationship**

Using metacommunication in supervision requires the supervisory dyad to engage with and converse about their relational interactions in a genuine and authentic manner. The concept of the *real relationship*, or the personal relationship (Adler, 1980; Couch, 1999; Gelso, 2002, 2009, 2011; Greenson, 1965; Greenson, 1967) is thus an important consideration. In the context of the psychoanalytic supervisory relationship, Watkins (2011b) proposed a tripartite model comprised of the supervisory learning alliance, transference-countertransference phenomenon (including parallel process), and the real relationship. The supervisory learning alliance (Frawley-O’Dea & Sarnat, 2001; Gill, 2001) and parallel process phenomenon (Berman, 1997; Werbart, 2007) have received considerable interest, but for Watkins (2011b), the comparably neglected real relationship is as important to the process and outcome of clinical supervision as it is in psychotherapy. Watkins posited that the real relationship in supervision is the foundation upon which the supervision relationship is built and is separate from the learning relationship and transference-countertransference. Watkins suggested that the real relationship exerts a substantial influence upon the development of a successful learning alliance within supervision, as well as the utilisation of parallel processes in this context. For Watkins, the real relationship is ultimately “the forever silent yet forever loudly present and powerful foundation of change in the supervisory context” (p. 257).

The significance of the real relationship in transformational and experiential learning is underlined by Martin Buber's (1958) assertion that reflective learning must take place in the context of the 'I-Thou' relationship, an interaction that is mutual, respectful, and affective. This form of relationship is distinguished from instrumental 'I-It' relationships in which the other is related to as an object. According to Buber, when people agree to be mutually authentic with one another in communication, the result is genuine dialogue and rich learning. Buber posited that "the learner is educated by relationships" (1965, p. 90) and that the I-Thou relationship produces optimal experiential learning.

## **1.7 METHODS FOR ENGAGING WITH SUPERVISORY DYNAMICS FOR EXPERIENTIAL LEARNING**

Using metacommunication in supervision involves engaging in dialogue about unseen or neglected aspects of supervision, prioritising reflective focus on the experience of supervision for both supervisee and supervisor, and engaging in direct and forthright discussion about the supervisory relationship. Metacommunicating about the supervision relationship may make use of the transference-countertransference configuration in supervision, allowing therapists to broaden their ability to process "here-and-now" phenomena with clients.

Authentic, real-time engagement in the dynamics of the supervisory relationship can take a number of possible forms. A potential strategy for engaging supervisees in an authentic and direct conversation regarding the supervision process itself is the use of video recordings of supervision interactions. Researchers have suggested that the review of video and/or audio recordings of supervision is perceived as useful and may assist participants in focusing on important aspects of supervision that are otherwise unattended (Gonsalvez & Milne, 2010; James, Allen, & Collerton, 2004; North, 2013). Further, the use of an objective sample of supervisory interaction may be useful in overcoming cognitive and recall biases inherent in

the task of reflecting based on self-report after-the-fact (Haggerty & Hilsenroth, 2011). In this manner, reviewing recordings of supervision may act as a gateway for metacommunication to occur, sparking direct conversation about and engagement with the processes occurring in supervision. The use of videos of supervision may offer a useful overt strategic development of I-Thou relating for a down the line transfer of skills via a lived experience, rather than role play rehearsal of skills alone. It may also offer transparency and commitment to realising supervision as a collaborative process rather than a teacher-student dynamic.

To date, a small number of studies have investigated the use of supervision videos to promote reflective practice. James, Allen and Collerton (2004) conducted a single subject study in which a psychology trainee reviewed videos of her supervision and provided a commentary on her emotional reactions within the sessions. The trainee reflected on her experience of a range of emotions in the supervisory exchange and identified emotion triggers within the supervision relationship. Anxiety was the most frequently experienced emotion in supervision, and observation of the video recordings revealed that this was often in response to probing questions from the supervisor, designed to enhance the supervisee's moment-to-moment learning. The researchers concluded that the novel methodology employed in the study was helpful in analysing the process features underpinning supervision. The video-reflection methodology used in the study is presented as a useful framework for illustrating change mechanisms employed in supervision and the apparent role of emotion in enabling change to occur. In a study conducted by North (2013), 15 supervisees individually reviewed audiotapes of their supervision and were then interviewed about this process. Participants reported that this procedure had positively impacted their learning and understanding of self and they also felt that the intervention would lead to enhanced supervisory alliance. The results of the study suggested that the impacts of this intervention occurred through a number



of processes, including supervisees re-experiencing their cognitive and affective responses from the session and noticing aspects of the process of supervision that they had not previously attended to.

A study conducted by Hill et al. (2016) went a step further in investigating the use of videos of supervision to initiate collaborative, reflective dialogue between supervisors and supervisees. Seven supervisory dyads participated in a reflective practice protocol in which they viewed a video of their most recent supervision session and then engaged in collaborative reflection about the supervisory processes and dynamics observed on the video with their supervisor. Thematic analysis of participants' individual reflections regarding the intervention resulted in several dominant themes: increased discussion in supervision of the supervisee's anxiety and themes of autonomy and dependence; intentions to change roles and practices in supervision as a result of engaging in the protocol; identification and consideration of parallel process; and a range of perceived impacts of participating in the protocol, including improved supervisory alliance.

Another potential method of incorporating authentic and direct conversations about the supervisory relationship might involve 'pressing pause' at an agreed upon moment in the course of the supervision session to make contact with the relational processes unfolding in the here-and-now. In a similar vein to the way supervisors and supervisees each press the pause button on the therapy video to discuss salient moments when using Interpersonal Process Recall, the supervisor or supervisee might call "pause" on a moment in supervision in which they feel that an important dynamic is occurring within the relationship. The engagement in authentic, here-now processing of relational dynamics in supervision may also be facilitated through the use of a series of reflective questions, focused particularly on those processes that may otherwise be unattended to in the supervisory relationship.

## **1.8 CHALLENGES AND PROMISES IN THE USE OF METACOMMUNICATION IN SUPERVISION**

Amongst the promises of transformational learning and potential powerful down-the-line translation of skills, experiential supervision is not without challenges.

### **1.8.1 Boundary considerations**

One such challenge in attending to the relational dynamics in supervision in a moment-to-moment fashion is that it may carry with it the risk of blurring the boundaries between supervision and therapy. While there are similarities between the therapeutic and supervisory relationship, these must not be confused (Dye & Borders, 1990; Ladany & Bradley, 2011; Ladany et al., 1999b). Glickauf-Hughes and Campbell (1991) assert that this risk can be effectively managed in the supervisory context if supervisors and supervisees clarify the demarcation between experiential supervision and psychotherapy as well as the guidelines for the use of therapeutic processes in supervision. Further, they argue that supervisor should also maintain stricter control over the supervisee's experience in supervision sessions compared with the level of control maintained over a client's experience in therapy. Glickauf-Hughes and Campbell also suggested that the processing of the supervisee's emotional experiences in supervision ought to be followed by a cognitive examination of their experience and linked to his or her work with clients. If the supervisor observes a blurring of boundaries, it is recommended that this is openly discussed and the possibility of the supervisee seeking psychotherapy from someone within the community is explored. In this way, the open, genuine, and reflective processes of metacommunication in supervision may in fact offer a way to disentangle already blurred boundaries and engaged attachment patterns.

### **1.8.2 Dual functions of supervision**

It is also important to consider the difficult task of balancing the dual role often faced by the clinical supervisor. On the one hand, supervisors fulfil a restorative and formative purpose and there is consensus that providing the supervisee with support and encouragement is an essential function of the supervisory relationship (Bambling, King, Raue, Schweitzer, & Lambert, 2006). However, it is common for supervision to also operate as an opportunity to assess skills and evaluate supervisee competence to practice (Bogo, Regehr, Power, & Regehr, 2007; Gizara & Forrest, 2004). Objective, regular and ecologically valid assessment of supervisee development is a core aspect of competency-based models of supervision (Gonsalvez & Calvert, 2014). The tensions associated with balancing these functions are relevant in deciding the appropriateness of different supervisory activities. For instance, if a supervisee is anxious about the supervisor's evaluations of his or her clinical aptitude, disclosure of this experience may be avoided due to concern that the supervisor will negatively evaluate the supervisee's aptitude based on this anxiety (O'Donovan, Halford, & Walters, 2011). The consideration of boundary-blurring and related tensions in the supervisory relationship is essential in the creation of a safe emotional climate for relational process-focused interventions.

### **1.8.3 Safety considerations**

Supervisors must consider temporal and frame issues in the implementation of experiential interventions. It is vital that a trusting relationship and safe emotional environment are established before experiential learning and relational processing takes place in supervision and there is increasing acknowledgement within the literature that the supervisory relationship has to create a "safe enough" environment for supervisees to disclose and explore their thoughts and feelings regarding the supervision process (Bernard & Goodyear, 2019). It has been proposed that the supervisory relationship is an adult-adult relationship with many similarities to parent-child relationships (Pistole & Watkins, 1995;

Watkins, 1995). Consequently, it may be useful to also think of supervision as an attachment process. More recently, Watkins and Riggs (2012) suggested that the supervisory relationship involves an affective component that evokes attachment dynamics. For instance, a supervisee with an anxious attachment style may be dependent and even “clingy” within the relationship, and compulsively self-reliant supervisees may be likely to refuse, resist, or even resent supervisors’ attempts to assist them. Although these issues highlight the need to establish a safe supervisory relationship for open and genuine disclosure to take place, they also illustrate the importance of relationship-focused interventions to elicit appropriate disclosure and discussion of unspoken relational dynamics within supervision.

#### **1.8.4 The potential risk of alliance ruptures**

On a related note, the use of experiential learning in supervision may also pose a risk to the supervisory relationship if used ineffectively. To venture into processing relational processes within supervision too soon or with an insensitive manner may result in alliance ruptures. The supervisor must be equipped to sensitively manage the experiential phenomenon occurring within such interventions and adequately address ruptures in the supervisory alliance. Metacommunication has been suggested as a method for addressing alliance ruptures, including resolution strategies such as interpersonal reflection, awareness of own feelings, and acceptance of responsibility (Safran & Muran, 1996; 2000). Safran, Muran, and Eubanks-Carter (2011) highlighted the importance of using metacommunication to highlight relational processes occurring between the therapist and client in order to address ruptures. Bernard and Goodyear (2019) state that this form of direct intervention for relationship ruptures has the advantage of modeling relational skills that supervisees will inevitably use with their clients. Therefore, we posit that while metacommunication in supervision may have the potential to contribute to alliance ruptures if used without sufficient

sensitivity, this process might also be used to remedy such ruptures and potentially deepen the alliance.

The potential benefits of metacommunication in supervision are broader than the task of addressing relationship ruptures, and a rupture does not need to be present in supervision for this metacommunication to be utilised and helpful. While metacommunication has a broader function than rupture resolution (i.e., supporting the development of the relational self of the therapist and associated relationship competencies), this relational-focused method might be used to enhance the supervisee's awareness of his or her own reactions within the supervision space and ability to begin a dialogue about relational processes occurring within the room.

## **1.9 AIMS AND OUTLINE OF THE THESIS**

The supervision context offers an important opportunity for experiential learning to develop trainee relational competence, particularly the reflection-in-action skill of metacommunication. The development of metacommunication skills through supervision is at present an under-researched area and existing literature is methodologically limited. Specifically, to date studies on metacommunication in the therapy context have suggested that metacommunication can lead to positive and corrective therapeutic outcomes, yet these studies have largely been based on single-case designs. Further, they have varying definitions of immediacy and/or metacommunication as well as different coding systems (Friedlander et al., 2018; Hill et al., 2008; Kasper et al., 2008; Mayotte-Blum et al., 2012). Research that has focused on methods of training metacommunication skills has involved more rigorous methodology, including larger sample sizes and the use of experimental control. This research concludes that supervisor-facilitated-training is the method deemed to be most helpful by trainees (Hess et al., 2006). Studies that have investigated the experiential use of

metacommunication in supervision is currently limited to qualitative data in the form of a small number of cases studies that lack experimental control (Hill & Gupta (2018).

This thesis aims to firstly examine the current practices utilised in attending to the development of supervisee competence in supervision (Study One). Quantitative and qualitative methods are employed to maximise the richness of understanding of the supervisory methods identified by supervisors and supervisees. Study Two aimed to expand on definitions of the relationship competency and relate this directly to an Australian context. Australian field supervisors completed a survey on their perspectives on the components and supervisee developmental trajectories for relational competence. Study Three examined the use of metacommunication in supervision from supervisees' perspectives. The *Metacommunication in Supervision Questionnaire- MSQ*, a measure devised for the purpose of the study, was utilised to explore the frequency and willingness to use various forms of metacommunication in clinical supervision. Measures of the nature of the supervisory relationship (also from the supervisee's perspective) were taken to explore whether a relationship exists between the nature of supervision and supervisees' perspectives on the use of metacommunication. A factor analysis was employed to investigate the structure underlying the MSQ. Study Four aimed to examine the impact of an online training tool and an experiential supervisory metacommunication intervention on supervisee's willingness and self-efficacy to use metacommunication as a clinical skill. Finally, Study Five explored the experiences of participants who completed the supervisory intervention in the previous study, using qualitative analysis.

## **CHAPTER TWO: STUDY 1**

### **An investigation of supervisory practices to develop relational and reflective competence in psychologists.**

This chapter has been published in a Special Issue of the journal *Australian Psychologist* (see Appendix B). Minor modifications were made to this published paper to conform to the thesis review process.

Calvert, F. L, Crowe, T. P & Grenyer, B. F. S. (2017). An investigation of supervisory practices to develop relational and reflective competence in psychologists. *Australian Psychologist*, 52, 467-479.doi: 10.1111/ap.12261

## 2.1 INTRODUCTION

### 2.1.1 Relational and reflective competencies in psychology.

Competency-based training is gaining attention in professional psychology (Fouad et al., 2009; Pachana, Sofronoff, Scott, & Helmes, 2011), leading to the development of competency-based models of clinical supervision (Falender & Shafranske, 2004; Gonsalvez et al., 2002). A competency-approach to supervision “explicitly identifies the skills, knowledge and values that form a clinical competency and develops learning strategies and evaluation procedures to meet criterion referenced competence standards in keeping with evidence based practice” (Falender & Shafranske, 2007, p. 233). Within the competency literature, *relationship* is identified as fundamental to all other competencies in professional psychology (National Council of Schools and Programs in Professional Psychology, 2007) and has been labelled “the substratum existing under and supporting other competencies” in psychological practice (Mangione & Nadkarni, 2010, p. 69). Rodolfa et al. (2005) defined the relationship competency as the foundational capacity “to relate effectively and meaningfully with individuals, groups, and/or communities” (p. 351). Despite its significance, the teaching and assessment of relationship competency can be vague and difficult to delineate.

Fouad et al. (2009) articulated the essential components that comprise relationship competency ranging from basic interpersonal, affective and expressive skills to more complex skills of relational awareness, reflection, and engagement. The proposed competency benchmarks include behavioural markers to operationalise the central elements, articulated for three levels of training: readiness for practicum, readiness for internship, and readiness for entry to practice. Similarly, Mangione and Nadkarni (2010) outlined a series of developmental achievement levels for the relationship competency from the beginning of practicum to internship and the completion of degree. At the level of beginning practicum, more basic relational knowledge, skills, and abilities are emphasised. As individuals progress



to the point of course completion, the articulated knowledge, skills, and abilities become more complex, including the ability to step back affectively and cognitively from a relational process and the ability to discuss relational dynamics in a moment-to-moment fashion. From these definitions, it can be seen that relationship competency implies a developmental trajectory moving beyond basic interpersonal and counselling abilities to practitioner capacity to tolerate ambiguities in relationships and process relational phenomena with clients.

According to Jenkins (2010), therapists must be constantly attuned to their own moment-to-moment cognitive and affective experiences and reactions in order to interact with clients in spontaneous and authentic ways. Reflective practice, the engagement in purposeful and critical analysis of one's knowledge and experience with the aim of accessing deeper meaning and understanding, is therefore central to relational competence (Mann et al., 2009). In this sense, relational and reflective competencies intersect to facilitate a reflective position within relationships in which practitioners step into a cognitive and affective position alongside the moment-to-moment relational situation at hand and examine their own biases, reactions, affect, and behaviour (Calvert et al., 2016; Mangione & Nadkarni, 2010).

### **2.1.2 Through the psychotherapy lens: The role of theoretical orientation.**

The importance of relationship in psychotherapy and the need to attend to this in supervision is transtheoretical. Yet recommendations for facilitating supervisees' development of these competencies differ across supervision models. Psychodynamic conceptions of supervision give specific emphasis to the relationships between and among the client, therapist and supervisor and the relational dynamics occurring between them. Early psychodynamic models of supervision placed the supervisor in the role of an uninvolved expert focused on therapeutic technique (Bernard & Goodyear, 2019). However, Frawley-O'Dea and Sarnat (2001) proposed a psychodynamic model of supervision in which the supervisor's role is less focused on expertise and more on their position "as an embedded

participant in a mutually influencing supervisory process” (p.41). In this manner, relationally-oriented psychotherapeutic supervisors model the relationship competence they consider foundational for effective clinical practice. Similarly, humanistic models of supervision view relationship as a key competence for attention in supervision. Such models focus not only on helping the supervisee develop their knowledge of theory and technique, but also on his or her ability to use self-reflection to develop and grow. The use of self in this context includes the supervisee’s ability to be fully present, genuine, and transparent with clients (Farber, 2010, 2012; Patterson, 1983, 1997).

Cognitive-behavioural models of supervision call for a stronger focus on overt behaviour, didactic learning, and cognition. Within supervision sessions, cognitive behavioural therapy supervisors are advised to set an agenda with the supervisee in each session, set and review homework collaboratively, and continuously assess what has been learned across supervision sessions. In prioritising and working through agenda items, supervisors assist the supervisee in developing, applying, and refining relative therapeutic skills. Supervisors are encouraged to engage in direct instruction, role-playing, and soliciting supervisees’ questions to develop practitioner competencies (Beck, Sarnat, & Barenstein, 2008; Liese & Beck, 1997; Newman, 2010; Reiser & Milne, 2012).

### **2.1.3 Strategies for developing relational and reflective competencies in supervision.**

Both out-of-session and in-session supervision interventions have been proposed for enhancing relational and reflective competencies. A number of approaches have been outlined wherein the supervisee engages in independent reflection on a therapeutic dilemma, responding to questions exploring their cognitions, emotions, intentions, theoretical perspectives, and possible responses to the event (Holloway & Carroll, 1999; Neufeldt, 1999; Padesky, 1996). Journaling has also been proposed as a method for enhancing supervisee

reflectivity and relational awareness (Orchowski et al., 2010; Osborn et al., 2007), and journal entries can then be processed in supervision (Billings & Kowalski, 2006).

Interventions for use exclusively within the supervision session, have also been proposed for the development of relational and reflective competencies. Supervisors may model relational and reflective skills so that the supervisee has the opportunity to observe and emulate these skills in his or her own practice (Goodyear, 2014). Supervisors might model these competencies through methods such as role-playing, microskills training, active listening practice, and teaching conflict resolution skills (Mangione & Nadkarni, 2010). Interpersonal Process Recall (IPR; Kagan, 1980) is a supervisory strategy aimed at increasing therapist awareness of affective and interpersonal dynamics in the therapeutic relationship. In this method, the supervisor and supervisee view a video recording of a psychotherapy session, pausing it at puzzling or compelling points for review and analysis (Bernard & Goodyear, 2019).

Increasingly, it is suggested that in order to develop supervisees' relational and reflective competencies, the supervisory relationship is best conceptualised as a space for experiential learning (Kaslow & Bell, 2008; Orchowski et al., 2010). In other words, relational and reflective competencies may be best taught through purposeful engagement with the processes occurring in the supervisory relationship (Frawley-O'Dea & Sarnat, 2001; Kaslow & Bell, 2008). Elsewhere (Calvert et al., 2016) such a supervisory approach termed *dialogical reflexivity* has been described. Despite articulation of these various methods and approaches within the literature, there is currently a lack of research investigating how supervisors and supervisees practically attend to the development of relational competence within supervision.

#### **2.1.4 The supervisory relationship: A tripartite model.**

In investigating willingness to use and reported actual use of supervisory strategies for developing relational and reflective competence, it is beneficial to consider the nature of the

supervision relationship itself. Recently, Watkins (2011b) proposed a tripartite model of the supervisory relationship, consisting of the working alliance, transference-countertransference configuration, and the real relationship. These three facets of the supervisory relationship are considered common factors across different supervision approaches, not just those that are psychoanalytically-oriented (Watkins, Budge, & Callahan, 2015).

#### **2.1.4.1 Supervisory working alliance.**

The supervisory working alliance is often credited as the primary means through which supervisee competence and development is facilitated (Bordin, 1983; Efstation et al., 1990; Ladany, Ellis, & Friedlander, 1999a). The supervisory working alliance is based on mutual agreement concerning the goals and tasks of supervision, as well as the development of a strong emotional bond between supervisor and supervisee (Bordin, 1983). Research has indicated that a strong supervisory working alliance is linked to increased supervisory satisfaction (Ladany et al., 1999a) as well as to increased quality of the supervisory relationship, leading to improvements in supervisee confidence, professional identity, and clinical perception (Worthen & McNeill, 1996).

#### **2.1.4.2. Parallel process.**

Parallel process occurs when similar, interactional patterns arise within both the supervisor-therapist and therapist-client relationships. In other words, the transference of the supervisee and the countertransference of the supervisor within the supervisory context appear to mirror processes occurring in the therapy room (Morrissey & Tribe, 2001). This concept was originally articulated by Searles (1955) as *the reflection process*, or the therapist's re-enactment of therapy session material in the supervision space. Ekstein and Wallerstein (1972) subsequently labelled this phenomenon parallel process and it has received considerable attention within the psychoanalytic literature since that time (Bromberg, 1982; Caligor, 1984; Morrissey & Tribe, 2001). Although originating from psychodynamic thought,

parallel process has been acknowledged as an important facet of supervision for all supervisory orientation (Doehrman, 1976). Relational understandings of parallel process have deviated from traditional psychoanalytical models to posit that relational dynamics are bi-directional. That is, in addition to moving from therapy to supervision, relationship dynamics are hypothesised to travel downwards from supervision to therapy (Doehrman, 1976; Morrissey & Tribe, 2001). This bi-directional movement across supervision and therapy settings has been demonstrated in a number of studies (e.g., Tracey et al., 2012a; Williams, 2000). Recently, there have been increasing calls for supervisors to incorporate directed parallel processing interventions within supervision to experientially assist the development of supervisee relational and reflective competencies (Crowe et al., 2011; Tracey et al., 2012a).

#### **2.1.4.3. Real relationship**

Watkins (2011a) posited that the real relationship in supervision is the foundation upon which the supervision relationship is built and is separate from the learning relationship and transference-countertransference. The real relationship has received considerable interest within psychoanalytic therapy (Adler, 1980; Greenson, 1967). Greenson (1967) articulated that the real relationship within psychoanalytic therapy “refers to the realistic and genuine relationship between the analyst and the patient” (p. 217). In other words, the real relationship is the aspect of the interaction between therapist and client that is transference-free and authentic. Applied to supervision, the real relationship encompasses the genuine interpersonal connection occurring within the supervisory exchange, reflecting that supervision involves the meeting of two people (Kelley, Gelso, Fuertes, Marmarosh, & Lanier, 2010; Watkins, 2011a).

#### **2.1.5 Study aims and hypotheses**

The aim of this study was to address a knowledge gap in the current literature through exploring current practices in supervision regarding the development of relational and reflective competencies. Specifically, the study aimed to build an understanding of common

supervisory methods for developing these competencies as well as supervisee and supervisor perceptions of the usefulness of proposed supervisory interventions identified within the literature. Further, this study aimed to investigate whether perceptions and use of supervisory practices aimed at developing relational and reflective competencies are related to supervisor/supervisee theoretical orientation and measures of the supervisory relationship (working alliance, real relationship, and attention to parallel process). The present study was exploratory in nature and utilised a mixed-methods design.

## **2.2 METHOD**

### **2.2.1 Participants**

Supervisors and supervisees were recruited to participate in this study using emails to professional contacts and advertisements through relevant interest groups within professional associations (see Appendix E). Participants were instructed to complete the online questionnaire either as a supervisor or supervisee and to hold their primary supervision relationship in mind when responding to questions. A total of 45 supervisees and 41 supervisors participated in the study.

Participating supervisees consisted of 12 males and 33 females. In responding to an open-response question about cultural background, of 23 participants indicated their cultural background as being “Australian”; nine reported their background to be “Anglo”; four participants described a mixed culture (e.g., “Australian-Italian”); four participants indicated their background was “British”; one participant described their cultural background as “Dutch”; one individual was of “Italian” background; one individual reported their cultural background to be “South-African”; one individual reported “Irish”; and one participant indicated their background to be “Russian”.

Regarding the highest level of completed education, 13 reported their highest completions as an undergraduate degree, while 32 reported they had completed post-graduate

training in the field. Participating supervisees were asked to indicate the populations they work with clinically and 42% indicated they work with adults, 22% with children/adolescents and 36% with a combination. A total of 32% identified cognitive behavioural as their predominant theoretical approach, followed by 13% existential/humanistic, 13% psychodynamic, and 2% family systems. The majority of supervisees indicated that they engage in supervision on a fortnightly basis (38%), followed by weekly (36%), monthly (16%), and several times per week (11%).

Participating supervisors included 12 males and 29 females. Two supervisors reported that their highest qualification is an undergraduate degree, while the remaining 39 indicated that they had completed a post-graduate degree. A total of 49% of supervisors indicated that they work clinically with adults, followed by 24% working with children/adolescents and 24% working with a combination. One participant indicated that they are exclusively involved in supervision at present, and not working clinically. The majority of participating supervisors identified cognitive behavioural as their predominant therapy approach (44%), followed by family systems (22%), existential/humanistic (17%), and psychodynamic (17%). Most supervisors reported that they have been providing supervision for more than 5 years (18%), while 15% indicated that they have been supervising for between one and two years, and two participants had been conducting supervision for less than one year. Supervisors were asked to indicate how frequently they provide supervision to their main supervisee. The majority reported that they conduct supervision weekly (61%), followed by fortnightly (17%), more than once a week (12%), and monthly (10%).

### **2.2.2 Materials**

Following basic demographic questions (see Appendix N), participants were asked to provide information on their perceptions and actual use of supervisory interventions for developing relational and reflective competence. Initially, an open-response format was used,

where participants were presented with definitions of reflective and relational competence from the literature and were asked to outline the methods used in their supervision to develop each competency (see Appendix O). Following the open-response section of the questionnaire, respondents were asked to provide ratings of perceived usefulness and actual use of the various supervisory interventions for developing relational and reflective competence identified within the supervision literature. The proposed strategies and accompanying definitions provided to participants are shown in Table 2.1. Participants were asked to indicate their perception of the usefulness of each activity on a Likert scale from 1 (*not at all useful*) to 5 (*very useful*) as well as the frequency with which they use each strategy in supervision from 1 (*never*) to 5 (*very frequently*).

Supervisor perspectives on the supervisory working alliance were measured using the *Supervisory Working Alliance Inventory: Supervisor Form* (SWAI, Efstation et al., 1990; see Appendix P). This measure consists of three subscales: a) Rapport- the supervisor's effort to build rapport with his or her trainee by supporting and encouraging them (e.g., "I make an effort to understand my supervisee"), b) Client Focus- the emphasis the supervisor places on promoting the supervisee's understanding of the client (e.g., "In supervision, I place a high priority on our understanding the clients' perspective"), and c) Identification- the supervisor's perceptions of the trainee's identification with his or her supervisor (e.g., "My supervisee identifies with me in the way he/she thinks and talks about his/her clients"). The scale comprises 23 items measured on a 7-point scale ranging from 1 (*almost never*) to 7 (*almost always*). Higher scores indicate greater rapport, client focus, and identification.

Similarly, supervisee perspectives on the supervisory working alliance were measured using the *Supervisory Working Alliance Inventory: Trainee Form* (SWAI-T; Efstation et al., 1990; see Appendix Q). The SWAI-T is a 19-item scale with items measured on a 7-point scale ranging from 1 (*almost never*) to 7 (*almost always*). The SWAI-T consists of two



subscales: a) Rapport (e.g., “My supervisor stays in tune with me during supervisions”) and b) Client Focus (e.g., “My supervisor encourages me to take time to understand what the client is saying and doing”).

Table 2.1.

*Proposed strategies and accompanying definitions presented to participants*

Strategy	Definition
Supervisee journal writing	Supervisee records reflections on themes, patterns, internal experiences etc. of events in therapy. This may then be reviewed with supervisor.
Supervisor Socratic questioning	During supervision, supervisor uses <i>how</i> and <i>what</i> questions to stimulate supervisee reflection on events or dilemmas in therapy.
Interpersonal Process Recall	Supervisor and supervisee review an audio-visual recording of a therapy session together and reflect on themes, patterns, internal experiences of the therapist.
“Thinking aloud” (Supervisor modelling of reflective thinking)	Supervisor models a reflective, decision making process aloud in supervision.
Role playing interpersonal skills	Supervisor and supervisee engage in a role play in supervision in order to develop interpersonal/relational competencies or for supervisor to model responding to a particular occurrence in therapy.
Reflexive dialogue	Supervisor and supervisee engage in dialogue about the moment-to-moment relational patterns and processes occurring in supervision as an experiential learning strategy.

Perceptions of the occurrence of parallel process in supervision were measured using *The Isomorphism Scale* (Heidel, 2012; see Appendix R). This 30-item measure examines the awareness of isomorphism specifically in supervision. Due to the lack of available scales measuring awareness of parallel process, this scale was chosen to measure isomorphic parallels between therapy and supervision. Parallel process and isomorphism have been identified in the literature as being, conceptually, two sides of the same coin (Bernard & Goodyear, 2019). Items are rated from 1 (strongly disagree) to 5 (strongly agree). The Isomorphism Scale has been shown to have an acceptable level of internal consistency reliability ( $\alpha = .89$ ) as well as strong convergent validity with the SWAI-Supervisor Form, the Supervision Interaction Questionnaire-Supervisor Version (SIQ-Supervisor; Quarto, 2002), and the Supervisory Styles Inventory-Supervisor Edition (SSI-Supervisor; Friedlander, 1984). The scale was slightly modified in the present study to make it relevant to the supervisee by interchanging the words “supervisor” and “supervisee”.

Supervisor ratings of real relationship within supervision were quantified using *The Real Relationship Inventory- Therapist Form* (RRI-T; Gelso et al., 2005; see Appendix S) which is a 24-item measure of the strength of the personal or “real” relationship in supervision. It is a measure of perceived Genuineness (the ability to be authentic in the here and now) and Realism (the transference-free or undistorted aspect of the relationship). Items are rated from 1 (*strongly disagree*) to 5 (*strongly agree*). The RRI-T was modified for this study to make it relevant to the supervisory context by changing the word “client” to “supervisee”. Supervisee ratings of real relationship in supervision were measured using *The Real Relationship Inventory- Client Version* (RRI-C; Kelley et al., 2010; see Appendix T) which is also a 24-item measure of perceived genuineness, and realism in the supervision relationship. The RRI-C was also modified for this study to make it relevant to the supervisory context by changing the word “therapist” to “supervisor”.

### **2.2.3 Procedure**

Participants were invited to participate in the study via emailed links to the online surveys (one link for supervisors and one for supervisees). Participants were asked to create a unique code for identification in the event that they wish to withdraw their responses at a later point. Participation in the online survey was otherwise entirely anonymous, which was made clear in the consent process (see Appendix I and Appendix J). The survey consisted of six sections (demographic details, open response questions, ratings of perceived use/actual use, working alliance, isomorphism, and real relationship) and took participants an average of 28 minutes to complete.

### **2.2.4 Data Analysis**

The process of analysis for qualitative data obtained through the two open-response questions followed the procedures set out by Braun and Clarke (2006) for using thematic analysis in psychology. Deductive or theory-driven aspects of the analysis were informed by the literature on suggested interventions for the development of supervisee reflective or relationship competence. That is, theory driven categories were used to code the data, whilst allowing for the emergence of new themes from the data which did not readily reflect existing supervision practices identified in the supervision literature. In recognition of the risk of unintentionally misrepresenting the data through coder biases, a second independent rater coded the same data with the provided coding system. Approximately 90% of data items showed clear agreement between the two raters at the first timepoint of coding.

Analysis of quantitative data was conducted using the SPSS statistical software program. Descriptive statistics, Spearman correlation coefficients, and Mann-Whitney U analyses were utilised.

## **2.3 RESULTS**

### **2.3.1 Open-responses on supervisory practices**

Through the thematic analysis procedure, emerging themes were identified from supervisee and supervisor responses regarding methods used to develop relational and reflective competencies within supervision. Table 2.2 outlines the themes that were judged to provide the best fit for the data obtained from supervisees and Table 2.3 outlines the themes identified within supervisor responses. A number of themes identified within the participant responses were consistent with the previous literature on strategies for the development of supervisee relational and reflective competence including: supervisee journaling, supervisor modelling, review of therapy videos, role-plays, Socratic questioning, and reflexive engagement with supervisory dynamics for learning. A number of additional themes emerged including: direct instruction and information-giving by supervisors, supervisor presence in therapy sessions for direct observation, discussion about relational processes in therapy, and encouraging the supervisee to reflect on his or her own reactions to the client. Within the supervisor responses, unique consideration was also given to the developmental trajectory of supervisee competence as well as the importance of self-care and personal wellbeing.

### **2.3.2 Perceived usefulness and actual use of proposed supervisory practices**

Descriptive statistics for the participants' ratings of perceived usefulness and actual use of various methods for improving reflective and relational competence appear in Table 2.4. Supervisees rated Socratic questioning as the most useful intervention and journal writing as the least useful. Supervisors indicated that thinking aloud was the most useful intervention, while modelling was rated as the least useful. For both supervisors and supervisees, IPR was rated as the least frequently used intervention and Socratic questioning was the most frequently utilised.

Table 2.2

*Summary of theme domains and selected subthemes for supervisee responses*

Theme domain	Subthemes	Illustrative text	Count for relationship (/45)	Count for refl. practice (/45)
Direct instruction	Supervisor offering information/resources	“Use of theoretical concepts e.g. DBT- dialectics” “Recommending reading material”	10	0
	Supervisor offering therapeutic suggestions	“My supervisor gave me particular words, ideas and strategies on how to improve rapport with these two clients” “Listening to my explanation of the cases and reflecting approaches to best work with complex clients”	9	3
Supervisee journaling	NA	“He encourages reflective journaling” “Reflective practice journaling” “Review of reflective journal”	0	5
Supervisor modelling	Implicit within supervisor’s approach	“My supervisor models listening and empathy in supervision, which I then use in my own practice” “My senior supervisor models empathic attunement and active listening”	3	0
	Explicit modelling of skills	“He regularly demonstrates his own interventions” “I have observed my supervisor as well in session which provides a degree of modelling”	7	3

Direct review of supervisee's work	Observation of therapy sessions	<p>“These processes also involve viewing videos and giving feedback”</p> <p>“Watching taped sessions is very helpful in getting a third person perspective about the dynamics of the therapeutic relationship”</p>	3	3
	Role plays in supervision	<p>“Role plays are used in supervision”</p> <p>“He also asks for demonstrations from me at time (knowledge of basic relationship skills, rapport building and active listening)”.</p>	8	3
Collaborative reflective dialogue about therapy process	Identified use of Socratic questioning	<p>“Primarily through Socratic questioning: What did you say? How did you respond to that? What else could that mean?”</p> <p>“Asking questions about where I think the client might be coming from → developing insight about client perspective”</p>	4	4
	Discussion about processes in therapy	<p>“Discussion about process in therapy, in particular within the context of an attachment framework”</p> <p>“Encouraging enquiry and reflection around processes occurring within clinical settings with clients”</p>	7	6
	Encouraging supervisee to reflect on own reactions in therapy	<p>“My supervisor will often encourage me to reflect on the relational processes with clients by asking me questions related to how I felt in particular moments with clients.”</p> <p>“Encourages reflection on internal sensations/feelings during sessions and in particular at difficult moments”</p>	6	10

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Engagement with supervisory relational processes for learning	NA	“He challenges me to respond spontaneously in our own interaction” “Openly discussing what is happening between supervisor and supervisee” “Using immediacy during supervision”	4	0
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Table 2.3.

*Summary of theme domains and selected subthemes for supervisor responses*

Theme domain	Subtheme	Illustrative text	Count for relationship (/41)	Count for refl. practice (/41)
Direct instruction	Information/resources	“Also good to bring in theory- e.g. attachment, to help supervisees understand relationships” “Sharing readings or other resources (e.g., video resources)”	8	4
	Suggestions	“Through teaching and consultation...offering alternative suggestions” “We also get trainees and their clients to fill in the CORE ARM measure of rapport after every session”	3	0
	Disclosing own experiences	“Examples of own ‘mistakes’ or positive interactions with clients” “I talk a lot about how my reflective practice has changed and evolved over time and difficulties I have overcome that resulted from my poor reflective practice at that time”	2	1
Supervisee journaling	NA	“Journalling is sometimes used”	0	1
Supervisor modelling	Implicit within supervisor’s approach	“I model this as we think and speak together. I endeavour to have a beginning, a middle and an end to the supervision session, i.e. structure. I inquire into what the supervisee wishes to consider, I am curious, I listen, and empathise with what is being explored”	3	3



		“I model reflective practice...I create an environment where honesty and debriefing are the norm by modelling, humour and being real”		
	Explicit modelling of skills	“Demonstration of skills” “Initially the supervisee will observe supervisor in sessions”	4	1
Direct review of supervisee’s work	Observation of therapy sessions	“Listen to therapy tapes, engage the supervisee in reflection of these issues” “We will sometimes review video recordings of therapy sessions that the supervisee has completed and track through relationship management issues” “I will sit in on sessions and observe in order to give more detailed feedback”	9	2
	Role plays in supervision	“Use of role play of client-therapist and switching roles” “Role play with me being the patient”	7	3
Collaborative reflective dialogue about therapy process	Identified use of Socratic questioning	“I encourage supervisee to reflect on learning in supervision by asking Socratic style questions”	5	4
	Discussion about processes in therapy	“Asking questions that encourage them to see a situation from a client’s perspective” “Reflecting and discussing cases- using formulations to guide discussion” “Examination of retrospective learnings- what I could have done differently”	10	5

	Encouraging supervisee to reflect on own reactions in therapy	<p>“Encouraging supervisees to reflect on how they feel when with patients”</p> <p>“Invitation to self-examine, process own feelings, relate to anxieties, fears, doubts. Understanding bias and emotional reactions”</p>	5	8
Engagement with supervisory relational processes for learning, including attention to parallel process	NA	<p>“I carefully elucidate and elaborate parallel process as it occurs between the supervisee and patient/client, or between that dyad and myself and the supervisee”</p> <p>“It is possible to reflect on relationship issues that show up in supervision itself in real time. Transference material and working with parallel processes are important ways of developing relationship competencies”</p> <p>“The supervision relationship itself also offers opportunity to monitor and make direct comment on sub-skills associated with relationship competence”</p>	6	1
Attending to supervisee self-care and well-being		<p>“Looking after our wellbeing and ensure longevity in the field. I ask them to identify their own values as an exercise”</p>	0	3
Developmental considerations		<p>“Begin with ‘audit’ of supervisee’s experience, training and current skills”</p> <p>“I would springboard off their knowledge and skills that they bring to placement”</p>	3	0

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### **2.3.3 Theoretical orientation and ratings of perceived usefulness/actual use of supervisory strategies**

A series of Bonferroni-corrected, non-parametric Mann Whitney U tests were performed to investigate the impact of theoretical orientation on participants' ratings of perceived usefulness and actual use for the six supervision interventions. These tests (reported in Table 2.5) revealed that participants' theoretical orientation did not significantly impact ratings of perceived usefulness or actual use of the different supervision interventions at the adjusted significance value of  $p < .004$ .

### **2.3.4 The nature of the supervisory relationship and ratings of perceived usefulness/actual use of supervisory strategies**

A series of Spearman correlations were conducted to examine the relationship between participant ratings of perceived usefulness/actual use of supervision interventions and measures of the nature of the supervisory relationship. Table 2.6 displays the Spearman correlation coefficients for supervisee participants and Table 2.7 displays the results for participating supervisors.

Table 2.4.

*Descriptive statistics for the participants' ratings of perceived usefulness and actual use of methods for improving reflective and relational competence*

	Supervisee			Supervisor		
	<i>M</i>	<i>SD</i>	Range	<i>M</i>	<i>SD</i>	Range
Perceived usefulness						
1. Journal writing	3.11	1.00	1-5	3.54	0.98	1-5
2. Socratic questioning	4.36	0.68	3-5	4.37	0.73	2-5
3. IPR	4.16	0.88	1-5	4.20	1.03	1-5
4. Thinking aloud	4.16	0.82	2-5	4.46	0.75	2-5
5. Modelling	3.73	0.84	2-5	3.80	1.29	1-5
6. Reflexive dialogue	3.80	1.10	1-5	4.27	0.84	2-5
Actual use						
1. Journal writing	2.53	1.46	1-5	2.78	1.13	1-5
2. Socratic questioning	4.24	0.93	1-5	4.32	0.79	2-5
3. IPR	2.09	1.06	1-5	2.68	1.19	1-5
4. Thinking aloud	3.67	1.04	1-5	4.29	0.84	2-5
5. Modelling	2.42	1.03	1-5	3.20	1.23	1-5
6. Reflexive dialogue	3.04	1.41	1-5	3.56	1.23	1-5

Table 2.5.

*Mann Whitney U tests of the impact of theoretical orientation on participants' ratings of perceived usefulness and actual use for the six supervision interventions*

	Supervisee				Supervisor			
	Z	p	Mean rank CBT	Mean rank other	Z	p	Mean rank CBT	Mean rank other
Perceived usefulness								
1. Journal writing	-1.52	0.13	21.19	27.46	-1.66	.10	17.82	23.75
2. Socratic questioning	-0.88	0.38	22.00	25.46	-1.39	.16	23.53	18.82
3. IPR	-1.60	0.11	21.14	27.58	-.638	.52	22.18	19.98
4. Thinking aloud	-1.10	0.27	24.27	19.88	-1.24	.22	18.82	22.89
5. Modelling	0.49	0.62	23.56	21.62	-0.81	.42	22.55	19.66
6. Reflexive dialogue	-2.13	0.03	20.47	29.23	-1.02	.31	19.11	2.64
Actual use								
1. Journal writing	-0.07	0.95	22.92	23.19	- 1.44	.15	18.21	23.41
2. Socratic questioning	-0.15	0.88	23.17	22.58	-.54	.59	21.97	20.16
3. IPR	-0.89	0.37	21.95	25.58	-1.11	.27	23.16	19.14
4. Thinking aloud	-0.11	0.92	23.13	22.69	-.84	.40	22.55	19.66
5. Modelling	-0.16	.88	22.81	23.46	-.38	.71	21.74	20.36
6. Reflexive dialogue	-1.49	.14	21.17	27.50	.16	.87	0.68	21.37

Table 2.6.

*Spearman correlation coefficients for participating supervisees*

	SW Rap	SW Cf	Iso	RR Real	RR Gen
Perceived usefulness					
1. Journal writing	-.14	.008	.29	-.123	-.058
2. Socratic questioning	.367*	.337*	.401*	.388*	.285
3. IPR	.193	.072	.186	.260	.224
4. Thinking aloud	.299*	.197	.304*	.193	.167
5. Role playing	.009	.031	.022	.000	.001
6. Reflexive dialogue	.134	.058	.354*	-.001	.020
Actual use					
1. Journal writing	.030	-.114	.253	-.039	.104
2. Socratic questioning	.327*	.372*	.023	.322*	.136
3. IPR	.021	.073	.174	.156	.203
4. Thinking aloud	.385*	.413*	.239	.290	.224
5. Role playing	.094	.171	.375*	.000	.107
6. Reflexive dialogue	.319*	.265	.474**	.173	.214

*Note.* SW Rap = Supervisory Working Alliance Inventory- Rapport subscale; SW CF = Supervisory Working Alliance Inventory- Client Focus subscale; Iso = Isomorphism; RR Real = Real Relationship Inventory- Realism subscale; RR Gen = Real Relationship Inventory- Genuineness subscale.

\* $p < .05$

\*\* $p < .01$

Table 2.7.

*Spearman correlation coefficients for participating supervisors*

	SW CF	SW Rapp	SW Ident	Iso	RR Real	RR Gen
Perceived usefulness						
1. Journal writing	.137	.268	.451**	.335*	.210	.284
2. Socratic questioning	.242	.389*	.439**	-.031	.395*	.101
3. IPR	.075	.062	.156	-.133	-.026	.210
4. Thinking aloud	.221	.483**	.349*	.084	.296	.294
5. Role playing	.203	-.049	.247	-.072	.141	.161
6. Reflexive dialogue	.271	.384*	.425**	.394*	.325*	.104
Actual use						
1. Journal writing	-.134	-.220	.072	.133	-.053	-.150
2. Socratic questioning	.201	.461**	.372*	.053	.430	.306
3. IPR	.145	.118	.190	-.098	-.126	-.106
4. Thinking aloud	.399**	.260	.455**	.108	.282	-.191
5. Role playing	.214	-.161	.108	.007	-.065	.043
6. Reflexive dialogue	.292	.137	.122	.340*	-.030	-.182

*Note.* SW Rap = Supervisory Working Alliance Inventory- Rapport subscale; SW CF = Supervisory Working Alliance Inventory- Client Focus subscale; Iso = Isomorphism; RR Real = Real Relationship Inventory- Realism subscale; RR Gen = Real Relationship Inventory- Genuineness subscale.

\* $p < .05$

\*\* $p < .01$

## 2.4. DISCUSSION

This study aimed to explore practices in supervision for the development of supervisee relational and reflective competence, utilising mixed-method data collection and analysis techniques. The first exploratory aim of the present study was to examine the specific strategies utilised in supervision for the development of supervisee relational and reflective competence. Thematic analysis of qualitative, open-responses revealed a rich variety of interventions currently being utilised for this purpose. For both supervisees and supervisors, emerging themes were able to be mapped on to strategies suggested within previous literature, with clear examples of journaling, supervisor modelling, Socratic questioning, reflexive dialogue, and the review of video and audio-recordings of therapy sessions in supervision. Direct instruction also emerged as a dominant and recurring theme within the data. Extending upon Socratic questioning, themes relating to collaborative reflective dialogue both about therapeutic process and supervisee reactions towards clients also emerged from the thematic analysis.

Ratings of perceived usefulness and the actual use of supervisory interventions identified within previous literature revealed a clear preference for the perceived usefulness of Socratic questioning, IPR, and thinking aloud for both supervisees and supervisors. Journal writing was rated as the least useful strategy for enhancing relational and reflective competence, despite acknowledgement in the literature of its utility as a psychotherapist development tool (Orchowski et al., 2010; Osborn et al., 2007). In terms of reported use of the various supervisory interventions, supervisees and supervisors both identified Socratic questioning as the most frequently used supervisory intervention for the development of relational and reflective competence. This was followed by thinking aloud and reflexive dialogue. Despite high ratings for perceived usefulness, IPR was rated as the least frequently used supervisory strategy by both supervisees and supervisors, perhaps because this requires access to video recordings of the supervisees' therapy sessions. Low ratings of the use of



videos in supervision is consistent with the previous literature (e.g., Gonsalvez et al., 2002; Townend, Iannetta, & Freeston, 2002), despite transtheoretical acknowledgement of the value of this form of direct observation (Liese & Beck, 1997; Milne, 2009; Padesky, 1996; Watkins, 1997).

Ratings of perceived usefulness and actual use were also examined with reference to participants' reported theoretical orientation and measures of the nature of the supervision relationship (working alliance, isomorphism, and real relationship). Results revealed that reported theoretical orientation did not influence ratings of perceived usefulness or actual use of any of the supervisory interventions presented to participants. This is in line with previous research (e.g., Raichelson et al., 1997) and suggests a valuing of all relationship competency development strategies, including working with subconsciously re-enacted relationship patterns.

Correlational analyses revealed that for both supervisees and supervisors, perceived usefulness and actual use of Socratic questioning, thinking aloud, and reflexive dialogue were associated with the nature of the supervision relationship itself. For supervisees, perceived usefulness and reported use of Socratic questioning as a supervisory intervention was positively associated with supervisory working alliance. Further, perceived usefulness of thinking aloud was positively associated with rapport in the supervisory relationship and actual use of this intervention was associated with both subscales of supervisory working alliance. It is perhaps unsurprising that a stronger supervisory working alliance is associated with greater perceived usefulness and actual use of active and collaborative reflection through guided questioning and supervisor modelling of competencies. Perceived usefulness of Socratic questioning and thinking aloud as well as actual use of role play in supervision were all positively associated with attention to isomorphism. The positive correlations between these interventions in supervision and awareness of isomorphism may indicate supervisor and

supervisee acknowledgement of the potential for modelling of Socratic questioning, role playing and open, reflective dialogue to ‘travel down the line’ from supervision to the supervisee’s work with clients.

The perceived usefulness and reported actual use of Socratic questioning were also positively associated with realism (the transference-free or undistorted aspect of the relationship). This may indicate that the more that supervisees sense that their supervisor perceives them as they truly are in the supervisory relationship, the more likely they are to engage in collaborative exploration of therapeutic interactions. Finally, actual use of reflexive dialogue was positively associated with rapport in the supervisory relationship, which may indicate that increased perceptions of support and encouragement from the supervisor create an appropriate climate for the direct engagement with moment-to-moment relational processes occurring in supervision. Further, the perceived usefulness and reported use of this intervention were positively correlated with attention to isomorphism, potentially again indicating a willingness to engage in real-time engagement with skills of immediacy and relational processing in the hope that this learning directly influences the supervisee’s work with clients.

In a similar vein, supervisor ratings of the perceived usefulness and actual use of Socratic questioning, as well as the perceived usefulness of thinking aloud were positively associated with the rapport and identification subscales of the supervisory working alliance. This may indicate that supervisor perception of support, encouragement, and alignment in the supervisory relationship is linked to more positive perceptions regarding the use of these collaborative and active interventions in developing supervisee competence. In line with supervisee data, supervisor ratings of the perceived usefulness of Socratic questioning were positively associated with realism in the supervisory relationship. Also consistent with supervisee responses, supervisor ratings of the perceived usefulness and reported use of

reflexive dialogue were positively correlated with attention to isomorphism, but were also associated with realism in the supervisory relationship. This may indicate that the greater the supervisor's sense of being perceived as they truly are in the supervisory relationship, the greater their willingness to engage in immediate, moment-to-moment processing of relational material within the supervisory exchange. Uniquely, supervisor ratings of the perceived usefulness of journal writing were positively associated with identification in the supervisory relationship as well as attention to parallel process.

## **2.5. CONCLUSIONS AND FUTURE DIRECTIONS**

This study revealed a rich variety of interventions currently being utilised in enhancing supervisee relationship competence. Some of these identified methods aligned with those previously articulated within the literature on relational and reflective competence and additional strategies and themes emerged from the data also. Further exploration of the perceived usefulness and frequency of use of these additional strategies would assist in broadening the understanding of the scope of interventions currently being utilised in supervision for the development of supervisee competence. Of the strategies identified within previous literature, supervisors and supervisees were generally in agreement regarding their perceived usefulness and actual use in supervision. Future research might include dyadic matching in order to explore congruence between supervisor and supervisee in their perceptions of these strategies, as well as whether this is linked to congruence in the dyad's perceptions of the nature of the supervisory relationship. Amongst both supervisors and supervisees, the incongruence between perceived usefulness and actual use of IPR warrants further exploration. Identification of potential reservations and barriers to the use of this direct observation method for developing supervisee relational and reflective competence is an important endeavour. Investigation of supervisee developmental trajectories and readiness for particular supervisory strategies would also be practically informative scope for future

studies. In a similar vein, further exploration of how the nature of the supervisory relationship may create an appropriate climate for the use of particular strategies over others may assist supervisory dyads in selecting timely and appropriate methods for developing competencies. This study neglected to collect information on the ages of participating supervisors and supervisees, which would be a useful inclusion in future work since a limited age-range of participants could negatively impact the generalisability of the findings. Further, this study asked supervisors to indicate their theoretical orientation, but neglected to collect information on supervisors' theoretical framework for supervision itself. Future research should also request information about supervisors' formal training in supervision. It is also worth noting that this study included modified measures (the RRI and Isomorphism scales were modified slightly for use in the supervision context). There can be limitations in using a measure created for one enterprise (therapy) to assess that construct in an alternative enterprise (supervision). This common practice is based on the assumption that the construct operates similarly in both contexts, but there are important points of difference between therapy and supervision (Dye & Borders, 1990; Ladany & Bradley, 2011; Ladany et al., 1999b). Future research could consider examining the psychometric properties and the appropriateness of the use of these scales in the supervision context. Finally, beyond supervisor and supervisee perceptions of the usefulness of particular supervisory strategies in the development of these competencies, it is imperative that future research investigates the actual comparative effectiveness of various supervision and training strategies in developing supervisee relational and reflective competence.

## **CHAPTER THREE: STUDY 2**

### **Supervisor perceptions of relational competence: Core components and developmental considerations**

This chapter has been published in the journal *Training and Education in Professional Psychology* (See Appendix C). Minor modifications were made to this published paper to conform to the thesis review process.

Calvert, F. L., Deane, F. P., Crowe, T. P. & Grenyer, B. F. S. (2018). Supervisor perceptions of relational competence: Core components and developmental considerations. *Training and Education in Professional Psychology, 12*, 135-141. doi: 10.1037/tep0000194.

### **3.1 INTRODUCTION**

#### **3.1.1 Competencies in Psychology Training**

Recent efforts to standardise training and core professional development requirements for psychologists have seen an increasing emphasis on practitioner competencies in curriculum design and supervision models (Falender & Shafranske, 2004; Gonsalvez & Calvert, 2014). Competencies represent specific therapeutic and professional abilities thought to be central to clinical practice in psychology (Rubin et al., 2007). Competency models of supervision and training centre on the formulation of learning outcomes for psychological training and development of teaching and evaluation strategies to adequately assess competency standards (Falender & Shafranske, 2004).

#### **3.1.2 The Relationship Competency: Significance and Definitions**

Rodolfa et al. (2005) defined the relationship competency as a foundational capacity “to relate effectively and meaningfully with individuals, groups, and/or communities” (p. 351). Within the competency literature, relationship is identified as a central and fundamental capacity for practitioners (Mangione & Nadkarni, 2010; National Council of Schools and Programs in Professional Psychology, 2007).

The National Council of Schools and Programs in Professional Psychology (NCSPP; 2007) created a series of work groups consisting of conference attendees in order to delineate a range of developmental and achievement levels (DALs) associated with the relationship competency. The identified DALs reflect a progressive refinement of relational competence, spanning the beginning of practicum through to internship and the completion of the trainee’s degree. At the beginning practicum, the DAL document outlines basic relational knowledge, skills and abilities such as the ability to listen and be empathic with others, knowledge of basic relationship skills, expressions of empathy, and active listening. At the second level of beginning internship, the work groups articulated such competencies as participation in

honest and productive self-reflection; the ability to tolerate ambiguities in relationships; knowledge of the importance of metacommunication, reflexivity, or processing of relationships; and awareness of the possibility of stepping back to view oneself and the relational dynamics at play. As individuals progress to the point of course completion, the articulated knowledge, skills, and abilities become more complex, including engagement in regular self-reflection, the ability to step back affectively and cognitively from a relational process, an understanding that relational processes provide useful data, and the ability to understand and discuss relational dynamics with others in a moment-to-moment fashion.

Fouad et al. (2009) also articulated the essential components that comprise the relationship competency, which were based on the contributions of a taskforce of experts. The experts identified various aspects of this competency, ranging from basic interpersonal, affective, and expressive skills through to more complex skills of relational awareness, reflection, and engagement. Relationship competency was described as including basic relational knowledge, skills, and abilities such as, expressions of empathy and active listening. Competency then progresses to the ability to effectively negotiate conflictual, difficult and complex relationships, the skill of seeking clarification in challenging communications, and the capacity to accept and implement feedback from others.

Although the components of relationship competence have been articulated by expert committees, there is a need to better understand these competencies and their developmental sequence from practicing clinical supervisors' perspectives in order to better articulate how they are viewed and might be fostered through the supervision relationship.

### **3.1.3. The Current Study**

This study aimed to add to the growing literature on relational competence by examining perspectives on the relational competency amongst an Australian sample of practicing field supervisors within psychology. Specifically, the study aimed to identify

supervisors' views of relational competence in terms of definition and the behavioural markers they use in assessing supervisee progress. It also aimed to investigate supervisors' impressions regarding the developmental trajectory of relational competence among their supervisees. The project sought to create an in-depth and highly descriptive snapshot of the process of developing supervisee relational competence through the experience of this group of supervisors.

## **3.2 METHOD**

### **3.2.1 Participants**

A total of 32 supervisors in psychology participated in the study. The sample consisted of 12 males and 20 females, with a mean age of 48.31 years ( $SD = 10.41$ ). Of the participating supervisors, 72% indicated that cognitive-behavioural therapy (CBT) is their dominant theoretical orientation. This was followed by 9% Psychodynamic, 6% Family Systems, 3% Existential, and 9% other (all rounded to nearest percentage). The average length of time that the supervisors indicated they had been providing clinical supervision was 14.41 years ( $SD = 8.37$ ). The average reported amount of time per week spent supervising was 4.86 hours ( $SD = 4.34$ ). When asked to provide their primary occupation, 27 participants indicated that they work as a "psychologist" or "clinical psychologist". An additional four indicated that their primary role exists within a University setting for example, "academic" or "University faculty". One participant described their primary role in the field as "manager".

### **3.2.2 Materials and Procedure**

Supervisors were recruited to participate in this study using emails to professional contacts and advertisements through relevant interest groups within professional associations (see Appendix F). Following informed consent processes (see Appendix K), participants were directed to complete an online questionnaire through the survey program QuestionPro. The survey was conducted anonymously, but respondents were given the option to submit their



email address to go into the draw for a \$200 gift card prize upon completion of the study recruitment. Email addresses were obtained via redirection to another survey, and this information was not matched or stored with participant survey responses.

Participants were first asked to provide basic demographic information, including gender, occupation, qualifications, theoretical orientation, length of time of clinical supervision, and average amount of time spent on supervising each week (see Appendix N). Participants were then prompted to provide responses to three open-response questions: a) “In your opinion, what constitutes relational competence in a practicing psychologist (i.e., what are the ingredients in working with relational dynamics in a competent manner)?”; b) “If you were to observe or measure your supervisees’ relational competence, what markers or indicators would you look for (both in their reflections with you and in observing their work with clients where possible)?”; c) “If you were to consider relationship competence in developmental terms (i.e., novice, intermediate, experienced psychologists) what behavioural markers do you think would be associated with the different developmental levels? Please elaborate as much as you can about these development markers and their importance or lack thereof” (see Appendix U). The first two questions were utilised to prime supervisors to consider the components of relational competency. The third question regarding developmental levels was the focus of qualitative analysis in this study for comparison with previous expert panel developmental trajectories.

### **3.2.3 Data Analysis**

The process of analysis for qualitative data obtained through the open-response questions followed the procedures outlined by Braun and Clarke (2006) for thematic analysis. The six steps recommended by Braun and Clarke (2006) involve moving back and forth between immersion in the data, reviewing assumptions and research questions, and developing a thematic structure to communicate the results. An *inductive* approach was

utilised in analysing the data. The first author assigned initial codes to the responses and began sorting these codes into potential themes in order to make broader sense of the data. The second author then reviewed the coded data before alterations were made to the thematic groupings and descriptions in order to achieve agreement.

In order to assess the reliability of the codes and final themes, all 94 text extracts (word range three to 50 words) that were used to generate the themes were reviewed and coded by an independent rater. The independent rater allocated each extract to one of the four themes determined by the first and second authors. Percentage agreement and kappa coefficients were calculated to determine interrater reliability.

### **3.3 RESULTS**

Table 3.1 summarises the themes identified for novice, intermediate and experienced developmental stages. Four major themes were identified: microskills of counselling, recognising significant relational data in therapy, working therapeutically with relational experiences, participation in self-reflection. Overall, there were more narrative examples clarifying the novice and experienced developmental stages. The division between the intermediate stage and other stages was somewhat more ambiguous. Participants' theoretical orientation is displayed in parentheses for each piece of illustrative text.

In order to determine the rate of agreement between the current authors and the independent rater, Cohen's Kappa (Cohen, 1960) coefficient was calculated for all 94 data text extracts. According to the benchmarks for kappa ratings outlined by Landis and Koch (1977), the result indicated *substantial* agreement between the raters,  $k = .80$ ,  $p = .000$ . Percentage agreement between authors across the 94 extracts was 85.11%. Each developmental level was also analysed with separate kappa coefficients and all three remained satisfactory. For text extracts associated with the novice level, there was 86.67% agreement between raters ( $k = .81$ ,  $p = .000$ ). There was 85.19% agreement between raters for

extracts associated with the intermediate level ( $k = .80, p = .000$ ). Finally, text extracts associated with the experienced level had an 83.78% agreement rate between raters ( $k = .78, p = .000$ ).

### **3.4 DISCUSSION**

#### **3.4.1 Developmental Trajectories for Developing Relational Competence**

In comparing the open-response data regarding the development of relational competence attained in the current study with those determined by the expert panels (Fouad et al., 2009; NCSPP, 2007), multiple similarities and differences were noted. First, the sample in the present study aligned with the expert panels regarding the development of basic counselling microskills. Across the two previous papers and the current sample, basic listening skills (both verbal and non-verbal) and the ability to demonstrate empathy were articulated at the first developmental trajectory point. Consistent with the current sample, the expert panel in Fouad et al.'s (2009) article indicated that communication with clients becomes clearer and more effective across the developmental stages.

The current sample and the two previous articles (Fouad et al., 2009; NCSPP, 2007) all emphasise an increasing ability to manage difficult, conflictual and complex therapy relationships across developmental stages. The current sample identified an enhanced ability to use assertiveness and to set appropriate limits with clients at the expert level. Similarly, the expert panel of the NCSPP (2007) emphasises the use of assertiveness in the final stage of development and Fouad et al. (2009) identify the capacities of managing difficult interactions and seeking clarification during complexity as markers of well-developed relational competence. Both the expert panels and the current supervisor sample identified the ability to receive feedback as an important aspect of relational competence. The NCSPP (2007) identified the presence of basic openness to feedback at the level of readiness for practicum.

Table 3.1.

*Summary of theme domains and selected illustrative text*

Theme domain	Developmental Stage		
	<u>Novice</u>	<u>Intermediate</u>	<u>Experienced</u>
Microskills of counselling.	Novices should be developing basic microskills of counselling.	Intermediate therapists are competent in basic microskills of counselling.	Experienced therapists show greater fluidity and complexity in microskills.
	<p>Illustrative text:</p> <ul style="list-style-type: none"> <li>— “Able to question client in a curious manner. May need assistance in supervision to guide questioning (to clarify purpose of questioning) - guiding client to greater insight” (CBT).</li> <li>— “I would expect the capacity to listen calmly and reflect accurately” (Family Systems).</li> <li>— “Mostly recognising client's feelings accurately, reflecting these, acceptance/empathy with client” (Existential/Humanistic).</li> <li>— “Basic counselling skills - empathy and validation, unconditional positive regard” (CBT).</li> </ul>	<p>Illustrative text:</p> <ul style="list-style-type: none"> <li>— “Noticing what types of questions invoke responses in client” (CBT).</li> <li>— “Able to establish good degree of rapport” (CBT).</li> <li>— “Competent developed counselling skills” (CBT).</li> <li>— “Can do above [microskills] with some clients and not with difficult cases” (CBT).</li> <li>— “Able to question client in a curious and objective way with purpose” (CBT).</li> <li>— “Able to monitor changes in mood during session, and respond to client distress competently” (CBT).</li> </ul>	<p>Illustrative text:</p> <ul style="list-style-type: none"> <li>— “Experienced clinicians are able to adjust style appropriately depending on the nature of the presentation. Able to adjust when there is a high degree of emotional lability” (CBT).</li> <li>— “Good eye contact, gentle facial expression, open body language, fully tuned into the client’s inner world, Seek clarification as soon as possible. Reflect on what the client has said. Show empathy” (CBT).</li> <li>— “I would expect these clinicians to be more attuned, with a clearer sense of when to validate and when to slow down” (Psychodynamic).</li> </ul>

	<ul style="list-style-type: none"> <li>— “Ability to listen actively and empathise should be there from the novice stage” (CBT).</li> <li>— “Able to show warmth in session” (CBT).</li> <li>— “Able to establish reasonable degree of rapport” (CBT).</li> <li>— “Offer simple reflections to clients” (CBT).</li> </ul>		<ul style="list-style-type: none"> <li>— “Ability to question client in an objective and respectful manner, leading client to greater insights and awareness. ability to deal with complex and intense affect” (CBT).</li> <li>— “I would expect an experienced practitioner to show those behaviors [counselling skills] in a consistent and fluent manner” (Other).</li> </ul>
Recognising significant relational data in therapy.	<p>Novices tend to miss information in the therapy relationship; are unable to have dual-focus.</p> <p>Illustrative text:</p> <ul style="list-style-type: none"> <li>— “Novices are working to integrate basic tasks of treatment (assessment, implementing complex therapy etc) and struggle to balance sensitivity with the need to progress treatment. More likely to miss things or be perceived as insensitive. Most comfortable with straightforward Axis 1 diagnosis” (CBT).</li> </ul>	<p>Intermediate therapists are more relationally-aware in a moment-to-moment fashion.</p> <p>Illustrative text:</p> <ul style="list-style-type: none"> <li>— “Aware of what client is experiencing relationally” (Psychodynamic).</li> <li>— “Should notice subtle and overt signs of disengagement and resistance; should conceptualise in terms of disorder model and invite client to problem-solve” (CBT).</li> </ul>	<p>Experienced therapists tend to recognise subtler relational experiences in therapy.</p> <p>Illustrative text:</p> <ul style="list-style-type: none"> <li>— “Able to consistently pick up, formulate and reflect on ways to manage relational issues although in more complex cases can still rely on supervision to navigate these issues” (CBT).</li> <li>— “Acceptance of client push-back/resistance and understanding the positive intent behind that</li> </ul>

- “Novice expected to be anxious, miss information, not be focussed majority of the time. Forget to reflect or make appropriate empathic comments” (CBT).
- “Only thinking about what he/she should be doing or saying” (CBT).
- “Too concerned with 'doing the technique right', rather than focussing on the client” (CBT).
- “Unable to consistently pick up relational issues in therapeutic work with clients” (CBT).
- Minimal awareness of the therapeutic relationship, transference, countertransference (Psychodynamic).

- “Able to recognise most relationship/rapport ruptures” (CBT).

- push-back/resistance” (Existential/Humanistic).
- “Sensitive to subtle and covert affect. Become aware of and deal effectively with relational games” (CBT).
- “Noticing behavioural markers of relational difficulty e.g.: DNAs, no homework, looking bored, not understanding, yes but-ing; arguing, all manner of 'resistance', able to notice and raise in - the - moment; able to change their approach in the moment” (CBT).

Working  
therapeutica  
lly with  
relational  
experiences.

Novices can struggle in discussing the relationship directly with client.

Illustrative text:

- “In terms of behavioural markers, I would expect less active speaking about the relationship both within the session and in supervision compared to intermediate etc. I imagine the relational competence

Intermediate practitioners are developing the capacity to discuss relational dynamics.

Illustrative text:

- “Some use of immediacy” (Existential/ Humanistic).
- “Responds to relational opportunities and moments of meeting therapeutically” (CBT).

Experienced therapists tend to speak directly about the relationship with clients.

Illustrative text:

- “Responds to relational opportunities and moments of meeting therapeutically” (Psychodynamic).

is more focused on things such as working on shared goals at the pace the patient wants at this point” (Psychodynamic).

- “Able to recognise gross relationship/rapport ruptures and attempt to repair” (CBT).

- The intermediate psychologist may miss earlier opportunities to intervene or conversely intervene before the client is capable (of understanding, tolerating affect involved)” (CBT).

- “Getting a balance between info gathering and focus on client; ability to question this in - the - moment and respond empathically to it” (CBT).

- “Can reflect on action but not in action” (CBT).

- “[Able to] reflect with client on what is happening in the relationship at that moment” (CBT).

- “Be assertive and discuss, e.g. what is not working openly but in a friendly manner” (CBT).

- “The experienced psychologist sets limits on clearly inappropriate behaviour quickly and firmly. S/he also balances limit-setting on inappropriate behaviour with ready encouragement and reinforcement of positive relational behaviour” (CBT).

- “[Knowing] when to approach ruptures, and a considered, curious way of approaching them in session” (CBT).

- “Avoid parallel processing and or respond to it” (CBT).

- “Should have good sensitivity to signs of disengagement and reflect these to a client as early as the client is capable (comprehension, affect tolerance)” (CBT).

- “Able to recognise subtle relationship/rapport ruptures and engage with client to attempt repair” (CBT).
- “Insight into own reactions and ability to manage and respond within session” (CBT).

Participation in self-reflection.

Novices’ ability to engage in honest self-reflection is still developing.

Illustrative text:

- “More difficulty discussing own shortcomings but aware that they have shortcomings” (CBT).
- “Likely a bit defensive about their own performance at this stage” (CBT).
- “Should be able to engage in reflective discussions guided by the supervisor” (CBT).
- “Open to feedback from client and supervisor, cognitive flexibility to change when required” (CBT).

Intermediate therapists show increasing participation in honest self-reflection.

Illustrative text:

- “Some difficulty discussing own shortcomings but improving with increased confidence” (CBT).
- “Likely to remain a bit defensive about their own performance” (CBT).
- “Able to bring own reflections into supervision for guidance and assistance” (CBT).
- “Developing self-awareness and self-reflection skills” (CBT).
- “Ability to admit error and still move forward” (CBT).

Experienced therapists participate in honest and more complex self-reflection.

Illustrative text:

- “Using countertransference to build a formulation of the client’s relational response style” (CBT).
- “Open discussion of therapeutic relationship in supervision, without being defensive most of the time” (CBT).
- “Confident discussing own shortcomings” (CBT).
- “More experienced practitioners should be able to admit not knowing or making mistakes in relationship more



freely and comfortably”  
(Family Systems).

- “Overall able to acknowledge and reflect on emotions triggered in the course of working with clients in an objective manner” (CBT).
  - “Moving from skills based discussions, to self and client based discussions that become more subtle and refined”  
(Family Systems).
-

This progressed to participation in regular and honest feedback (particularly with peers and supervisors) as well as a commitment to others' views and lifelong learning at the final stage. Both the current sample and the expert panel in Fouad (2009) placed particular emphasis on whether feedback is received in a non-defensive manner, with this increasing across the developmental trajectory. A developing capacity to acknowledge one's own role in therapeutic interactions was emphasised in both the expert panels and the present sample.

Unlike the expert panel in the Fouad et al. (2009) article, both the current sample and the NCSPP (2007) panel emphasised the ability to recognise and understand relational data in the therapeutic relationship as an aspect of relational competence (e.g., "the ability to step back affectively and cognitively from a relational process"; NCSPP, 2007, p. 12). The NCSPP panel articulated that this capacity follows a developmental course, with the ability to understand relational data occurring "in the moment" listed as an expected competency for those at the doctoral graduation stage. The NCSPP panel and supervisors in the present study also acknowledged the capacity to speak directly about the therapeutic relationship with the client, although how to do this was not described in detail. Specifically, the NCSPP panel identified that, at the intermediate level, trainees ought to demonstrate a basic capacity to metacommunicate in therapy. This component of relational competence was not attended to at all by the Fouad (2009) panel. It is important to note that unlike the expert panels, the Australian field supervisors in the current study were specifically asked to focus on competence in working with relational dynamics. The panels therefore took a much broader focus on this competency than the current sample, with the latter honing in more specifically on the characteristics of competent therapeutic work with clients.

In summary, the sample in the current study showed substantial alignment with the expert panels with regard to the relational competency components of basic counselling microskills, ability to handle challenging/conflictual interactions, and capacity for self-

reflection and receiving feedback. All three samples articulated a clear developmental trajectory relating to these aspects of relational competence. The present sample of Australian field supervisors particularly highlighted the ability to recognise and understand relational data in the therapeutic relationship as well as the capacity to speak directly about the therapeutic relationship with the client (including metacommunication) as core aspects of the relational competency. Neither of these factors was a focus in the NCSPP trajectory and they were not mentioned at all by Fouad et al. (2009).

### **3.4.2 Practical Implications of Findings**

Given the complexity of the concept of relational competence, the findings of the present study are likely to prove beneficial in assisting supervisors and trainers to be more explicit in deciding what to assess and attend to in supervision. In particular, consideration of competence markers within a sequential trajectory offers a useful map for the ongoing development and evaluation of these abilities. A unique aspect of this study is that compared with previous expert panels (Fouad et al., 2009; NCSPP, 2007), the current sample greatly emphasised the ability to understand relational data in the moment and to speak directly about the therapeutic relationship with the client.

There were some domains that were articulated by the previous expert panels (Fouad et al., 2009; NCSPP, 2007) that were not identified spontaneously by supervisors in the current study (i.e. demonstrating understanding and respect; tolerating uncertainty and affect; and ability to be spontaneous within relational interactions). It might be important for field supervisors to be made more aware of these potential indicators of relational competence to ensure comprehensive assessment and training of these capacities.

Finally, the information obtained in this study could assist in monitoring and assessing the development of relational competence. The present study provides largely confirmatory data regarding perceptions of the developmental trajectory in this competency domain. As

noted, there are a few omissions of components within this competency compared by expert panels, and other components appear to be emphasised more strongly by the current sample. These data offer rich descriptive insights into the development of the relationship competency, and may improve assessment processes by first noting these similarities and differences when training supervisors but also in specific competency measures. For example, data could be integrated into vignette-matching procedures (Gonsalvez et al., 2013) in order to assist in the continued articulation and refinement of the relationship competency as well as in reducing competency assessment biases. It is also interesting to note that the expert skills identified by the sample who were majority CBT in orientation essentially describe psychodynamic concepts such as working in the transference relationship in the here and now to improve reflection and mentalisation (Shedler, 2010).

### **3.4.3 Limitations and Future Directions**

There are a number of methodological limitations to be considered when interpreting the findings of this study. First, the small number of participants involved in this study imposes some limitations to the generalisability of the findings. This study has taken an important first step in describing Australian field supervisors' perceptions regarding the components of relational competence and relevant stages of development for these components. Future research is needed to verify these perceptions through direct observation of relational competence at various stages of training and development in psychology. Future research could also examine the potential role of cultural background in field supervisors' perceptions of the development of relational competence. This has relevance since clinical supervisors must be aware of cultural characteristics and processes in supervision when evaluating supervisees' professional competencies (Forrest, Elman, & Shen-Miller, 2008; Hensen et al., 2006). Additionally, this study neglected to collect information on supervisors' theoretical framework for or approach to supervision in particular. Future research should also

request information about supervisors' formal training in supervision. These may be important considerations in how supervisors prioritise and train relational competencies.

It is also important that future studies examine how to develop relational competence in training and supervision. There is currently a dearth of research literature examining best-practice strategies for assisting psychologists to develop and track their relational skills over time. A previous survey of supervisors and supervisees reported a strong reliance on methods of direct instruction, didactic teaching, and case discussion to develop supervisee relational competence in supervision. Modelling and roleplay techniques were also reported to be used some of the time to demonstrate and practice relational skills (Calvert, Crowe, & Grenyer, 2017). Increasingly, it is suggested that experiential learning techniques may be useful in developing relational competence in supervision (Kaslow & Bell, 2008; Orchowski et al., 2010). Specifically, it is suggested that the supervisory relationship may present a useful mirror to the therapy relationship, in which relational skills can be developed through purposeful engagement with processes occurring within the supervisory exchange (Calvert et al., 2016; Frawley-O'Dea & Sarnat, 2001; Kaslow & Bell, 2008). Compared with previous expert panels (Fouad et al., 2009; NCSPP, 2007), the current sample emphasised the ability to speak directly about the therapeutic relationship with the client. It is possible that experiential supervision strategies may more effectively target these particular relational skillsets. Future research could explore the effectiveness of different methods of developing various facets of relational competence. It would also be useful to understand the appropriateness of different methods at each level of the developmental trajectory.

## **CHAPTER FOUR: STUDY 3**

### **Supervisee perceptions of the use of metacommunication in the supervisory relationship**

This chapter has been published in the journal *Psychotherapy Research* (see Appendix D). Minor modifications were made to this published paper to conform to the thesis review process.

Calvert, F. L., Deane, F. P. & Grenyer, B. F. S. (2018). Supervisee perceptions of the use of metacommunication in the supervisory relationship. *Psychotherapy Research*. Advance online publication. doi: 10.1080/10503307.2018.1524169.

## **4.1 INTRODUCTION**

### **4.1.1 Relational Competence in Clinical Practice**

In recent years, competency-based models of training and assessment have been increasingly integrated into supervisory approaches within professional psychology (Falender & Shafranske, 2017; Gonsalvez & Calvert, 2014). The attention to competency-based models reflects a shift in focus from ‘input’ to ‘output’ in psychology training (DeMers, Van Horne, & Rodolfa, 2008; Rubin et al., 2007). This encompasses attending to the learner’s development in terms of measurable knowledge, skills, and attitude-values relevant to the profession (Falender & Shafranske, 2012).

The relationship competency has long been identified as a foundational aspect of therapist training (National Council of Schools and Programs in Professional Psychology, 2007; Polite & Bourg, 1992). Rodolfa et al. (2005, p. 351) defined the relationship competency as the “capacity to relate effectively and meaningfully with individuals, groups, and/or communities”. This definition has been expanded over time, specifying important relational capacities such as the ability to build and maintain an effective therapeutic alliance; general interpersonal and counselling skills; and therapists’ ability to take a metaperspective on relational dynamics.

The National Council of Schools and Programs in Professional Psychology (2007) created a series of work groups consisting of conference attendees in order to formulate a range of developmental levels associated with the relationship competency. The results reflected a progressive refinement of relational competence, beginning with basic relational knowledge, skills and abilities and progressing to more complex processes, such as engagement in regular self-reflection and the ability to understand and discuss relational dynamics with clients in a moment-to-moment fashion. Fouad et al. (2009) also articulated the essential components that comprise the relationship competency, based on the

contributions of a taskforce of experts. The experts identified a similar developmental trajectory, progressing from basic interpersonal skills to processes such as metacommunication and the ability to step back to view oneself and the relational dynamics at play.

A recent qualitative study explored Australian field supervisors' perspectives on the developmental trajectory of the relationship competency (Calvert, Deane, Crowe, & Grenyer, 2018). Participating field supervisors were asked to identify the specific behavioural markers they use in assessing this competency in their supervisees and to organise these markers with reference to a developmental trajectory of relational competence, ranging from novice through to intermediate and advanced levels. This sample of supervisors had views which were aligned with previous expert panel descriptions with regard to the relational competency components of basic counselling microskills, handling challenging interactions with clients, and the developing capacity for self-reflection and acceptance of feedback. The field supervisors specifically highlighted the importance of being able to recognise and understand relational data in the therapeutic relationship, as well as the capacity to directly process these relationship dynamics with clients. These abilities were mostly viewed by participants as being more intermediate-advanced markers of relational competence.

#### **4.1.2 Metacommunication: Definition and Aims**

The present study focuses specifically on the skill of speaking directly with clients about relational dynamics in a therapeutic manner as an important aspect of relational competence. In this paper, we utilise the term *metacommunication* (Kiesler, 1988) to refer to this skill. However, a number of alternative terms have been used interchangeably in the literature, including *immediacy* (Hill et al., 2014a) and *process comments* (Teyber & McClure, 2011). These terms all refer to the act of speaking about the therapeutic relationship with clients in a here-and-now fashion. Metacommunication involves reorganising emotions



or behavioural interactions within the therapeutic relationship, stepping back from this experience with reflexive curiosity, and engaging in an open dialogue about what is occurring within the relationship (Safran & Muran, 2000). This can also involve interpretations of transference phenomena (Høglend et al., 2011).

Empirical case-study investigations have demonstrated that metacommunication can be used to build an effective therapeutic relationship, resolve ruptures and problems in therapy, and provide a model for the client in managing relationships outside of therapy (Berman et al., 2012; Hill et al., 2008; Kuutmann & Hilsenroth, 2011; Mayotte-Blum et al., 2012). It has been proposed that metacommunication helps clients change by providing them with an opportunity to discuss their reactions and emotions with another person in a manner that differs from what they have learned to expect in other relationships (Teyber & McClure, 2011). In this sense, metacommunication may provide clients with a corrective emotional experience. Metacommunication may also assist clients to become more aware of problematic relational patterns and the impact of their behaviour on others (Kiesler, 1996; Teyber & McClure, 2011).

Hill et al. (2014a) studied metacommunication within 16 cases of open-ended individual therapy conducted by doctoral student therapists with adult clients. Videos of the therapy sessions were viewed and coded by trained research teams to determine whether metacommunication was used and if so, the type of metacommunication employed as well as its function. A total of 234 metacommunication events were identified with the most frequent type being open discussion about unexpressed feelings in the therapeutic relationship, in other words, making the implicit explicit. The least frequently used form of metacommunication involved the repair of ruptures. A range of consequences of these clinical skills were identified by the judges, based on the responses of clients. These included (from highest to lowest frequency): clients openly expressed their feelings about the therapeutic relationship;

clients opened up to their therapist and gained insights; boundaries were clarified; clients felt validated or cared for; relationship ruptures were repaired; or clients had a reparative experience. Negative effects were not judged by the review panel as having occurred in any of the cases.

#### **4.1.3 Metacommunication in Supervision**

Metacommunication has also received some interest in the context of the clinical supervision relationship. Stoltenberg and McNeill (2012) postulate that clear and open communication between the supervisor and supervisee (within professionally appropriate parameters) is essential for the supervision process to be impactful. In parallel to its potential uses in therapy, it is possible that appropriate metacommunication in supervision could lead to enhancement of the supervisory bond and help with resolving problems or ruptures within the relationship (Hill & Gupta, 2018). Perhaps most importantly, supervision also offers a unique opportunity for modelling of important therapeutic skills. Hill and Knox (2009) assert that when supervisors and supervisees examine their own interpersonal processes, supervisees may move beyond intellectual understanding of the benefits of metacommunication, to experiencing this for themselves. In this way, it is possible that the use of metacommunication in supervision provides an opportunity for supervisee experiential learning about how to use this technique with their clients, representing a ‘down-the-line’ transfer of skill (Calvert et al., 2016).

There is a lack of empirical research exploring the use of metacommunication within the supervisory relationship. However, a recent qualitative study used semi-structured interviews to explore supervisor and supervisee experiences (18 unique dyads) on the use of metacommunication within supervision (Hill & Gupta, 2018). From the interview data, the researchers coded four key themes about the use of metacommunication within the supervisory relationship. First, metacommunication was sometimes not used and the

relationship dynamics were instead kept ‘underground’. Second, metacommunication was at times used to negotiate the terms of or monitor the supervisory relationship. Third, metacommunicative dialogue was sometimes used to draw parallels between therapy and supervision. Finally, metacommunication was at times used to process distortions and resolve relationship ruptures in supervision. So, while metacommunication of different forms are clearly present in supervision, the frequency with which these occur and how it relates to other characteristics of the supervisory relationship is unknown.

#### **4.1.4 The Nature of the Supervisory Relationship**

Watkins (2011b) proposed a tripartite model of the supervision relationship, which includes: the supervisory working alliance, parallel process phenomenon, and real relationship. According to Bordin (1979), the working alliance refers to the strength and quality of the relationship between client and therapist. It consists of three components: the emotional bond between therapist and client, the agreement about the goals in therapy, and understandings of the tasks to be undertaken in working towards the specified goals. Bordin posited that mutual agreement in these three factors operates as the primary mechanism of change in therapy. Bordin (1983) later extended his working alliance theory to include the supervisory relationship. As with the therapeutic relationship, the supervisory working alliance has been perceived as central to the supervision change process (Ladany et al., 1999b).

Parallel process originates from psychodynamic theory (Bernard & Goodyear, 2019; Morrissey & Tribe, 2001) and is an intrapsychic (internal) phenomenon involving unconscious transferring of relational dynamics from one relationship to another (Bernard & Goodyear, 2019; Jacobsen, 2007). In the context of supervision, this may involve the supervisee unconsciously expressing a similar reaction with their supervisor to that expressed by one of their clients (Koltz, Odegard, Feit, Provost, & Smith, 2012). A related construct,

isomorphism, is inter-relational in nature (Bernard & Goodyear, 2019) and involves replication of structural patterns between therapy and supervision that are bidirectional in nature (can emerge in supervision from therapy and in therapy from supervision; White & Russell, 1997). We have chosen to focus on isomorphism in this study, due to its similarity to parallel process and the availability of a measure that examines perceptions of isomorphism in supervision from the perspective of the supervisee.

Watkins (2011b) emphasised the *real relationship* (Adler, 1980; Greenson, 1965; Greenson, 1967) as another important aspect of the supervisory experience. He posited that the real relationship in supervision is separate from the learning relationship and free from distortions such as parallel process. In other words, the term refers to the genuine and authentic elements of the relationship between supervisor and supervisee.

Researchers have started to apply some aspects of Watkins' (2011) model to metacommunication. One study assessed whether metacommunication is related to working alliance, real relationship, and session quality as rated by therapy clients (Shafran, Kivlighan, Gelso, Bhatia, & Hill, 2017). Hierarchical linear modelling on 16 therapy dyads revealed an interaction effect between working alliance and number of therapy sessions. Early in treatment, sessions using metacommunication resulted in lower client ratings of working alliance. However, later in treatment, frequent use of metacommunication was associated with higher working alliance ratings. Contrary to the researchers' hypotheses, no relationship was observed between metacommunication and real relationship (Shafran et al., 2017).

#### **4.1.5 The Present Study**

Broadly, this study aimed examine the use of metacommunication in supervision from supervisees' perspectives. The themes and examples identified in Hill and Gupta (2018) were utilised to devise a measure of metacommunication in supervision (the *Metacommunication in Supervision Questionnaire- MSQ*) to be completed by supervisees as they reflect on their

current or most recent, primary individual supervision relationship. The MSQ measures the frequency with which various types of metacommunication are utilised in supervision as well as the supervisee's own willingness and their perception of their supervisor's willingness to utilise each form of dialogue in supervision. The rationale for examining willingness was to determine which types of metacommunication activities have the potential to be trialled in a training or experiential intervention in the future. The 12 items of this scale can be viewed in Table 4.1.

Measures of the nature of the supervisory relationship (from the supervisee's perspective) were also taken. The specific aims of the study were: 1) to examine the frequency of use and willingness to use the different forms of metacommunication, identified by the MSQ; 2) to explore the underlying factor structure of the MSQ; and 3) to determine whether a relationship exists between the nature of the supervision relationship and supervisees' perspectives on the use of metacommunication in the supervision space.

## **4.2 METHOD**

### **4.2.1 Participants**

Participants were students in professional psychology training programs or qualified practitioners in psychology who were currently receiving individual clinical supervision. The sample included 16 males and 113 females with a mean age of 31.16 ( $SD = 8.63$ ) years. A total of 46.5% of participants listed an undergraduate degree as their highest level of qualification and 53.5% indicated that they held a postgraduate degree. In regard to dominant theoretical orientation, 82.2% of participants identified with Cognitive Behavioural Therapy, 1.6% with Existential/Humanistic, 4.7% with Family Systems, and 7% with Psychodynamic (4.7% listed their primary theoretical orientation as 'other'). Of the 129 participants, 70 indicated that they engage in weekly supervision, 38 have fortnightly supervision, and 17 undertake monthly supervision. Just over a third (34.1%) indicated that they work primarily

with adult clients, 25.6% work with children, 0.8% work with geriatric adults and 39.5% indicated that they work with a combination of the above population groups. The average number of years spent working in mental health was 3.80 ( $SD = 4.18$ ) and the average number of years spent with the current supervisor was 1.36 ( $SD = 2.00$ ).

#### **4.2.2 Materials and Procedure**

Supervisees were recruited to participate in this study through several methods: emails to professional contacts; advertisements through relevant interest groups within professional associations; and face-to-face recruitment through two University psychology training clinics (see Appendix G). Following informed consent processes (see Appendix L), those participants who completed the survey via email advertisements were prompted to complete an online questionnaire. Participants recruited via face-to-face methods were given information about the study by the researcher onsite at each University and invited to complete the survey in paper form. The survey was conducted anonymously, but online respondents were given the option to submit their email address to receive a \$20 gift voucher. Email addresses were obtained via redirection to another survey and this information was not matched or stored with participant survey responses. Face-to-face participants were simply handed the \$20 gift voucher upon returning their survey to the researcher. The completion rate for the face-to-face recruitment was 100%. Further, there were no drop-outs from the online survey (all respondents who commenced the survey continued to completion). However, it is not possible to determine the true response rate for the online survey, since the recruitment invitations for this method were posted widely and openly, requiring interested individuals to follow a weblink to the survey. This project underwent ethical review and was approved by the University of Wollongong Human Research Ethics Committee (HE2017/405).

Participants were first asked to provide demographic information, including gender, occupation, qualifications, theoretical orientation, and length of time of clinical supervision (see Appendix N). Participants were then prompted to complete the Metacommunication in Supervision Questionnaire (MSQ; see Appendix V). There were no previous measures of metacommunication in the supervision context and so the MSQ was developed for this study. This measure consisted of 12 items, each derived from the qualitative data collected by Hill and Gupta (2018). The process of developing these 12 items began with the primary researcher extracting 14 potential items from the thematic analysis conducted by Hill and Gupta, using the specific wording and examples from their qualitative data. In consultation with another research psychologist, the items were condensed to 12 statements and the wording was changed slightly to make the items more general. For example, an original item taken from Hill and Gupta related to open discussion in supervision about perceived supervisor frustration towards the supervisee. The wording of this item was expanded to “feeling something negative towards me” with “frustration” provided as an example.

Our primary interest was in developing a measure that captured the extent respondents reported that different aspects of metacommunication occurred in their supervisory relationships. However, in order to assess the potential to increase or develop experiential training approaches to metacommunication in supervision, we were also interested in perceived willingness to engage in different aspects of metacommunication. Thus, participants were asked to rate each item on three scales: 1) “How willing would you be to do this in supervision?” (rated from 1: *not at all willing*, to 4: *very willing*); 2) “How willing do you think your supervisor would be to do this in supervision?” (rated as previous); 3) “How frequently does this occur in your supervision?” (rated from 1: *Never* to 4: *Often*). Participants were prompted to answer all questions with reference to their current (or most recent) primary individual supervision relationship.

Supervisee perspectives on the supervisory working alliance were measured using the *Supervisory Working Alliance Inventory- Trainee Form* (SWAI-T; Efstation et al., 1990; see Appendix Q). The SWAI-T is a 19-item scale with items measured on a 7-point scale ranging from 1 (*almost never*) to 7 (*almost always*). The SWAI-T consists of two subscales: 1) Rapport (for example, “My supervisor helps me talk freely in our sessions”); and 2) Client Focus (for example, “In supervision, my supervisor places a high priority on our understanding the client’s perspective”). Efstation et al. (1990) reported good internal consistency with Cronbach’s alpha coefficients of .90 and .77 for the Rapport and Client Focus scales respectively. Item-scale correlations ranged from .37 to .77 for the SWAI-T and convergent and divergent validity were established through intercorrelations with the Supervisory Styles Inventory (Friedlander & Ward, 1984).

Supervisee perceptions of isomorphism in supervision were measured using *The Isomorphism Scale* (Heidel, 2012; see Appendix R). This 30-item measure examines the awareness of isomorphism specifically in supervision. Items are rated from 1 (*strongly disagree*) to 5 (*strongly agree*), for example: “My supervisor places an emphasis on supervisory dynamics in the supervisory dyad” and “I believe the basic principles of change employed in therapy are similar to the basic principles of change used in supervision”. The Isomorphism Scale has been shown to have an acceptable level of internal consistency reliability ( $\alpha = .89$ ) as well as strong convergent validity with the Supervisor Version of the Supervisory Working Alliance Inventory (SWAI-T; Efstation et al., 1990) and other measures of the quality of the supervisory relationship (Heidel, 2012). The scale was slightly modified in the present study to make it relevant to the supervisee by interchanging the words “supervisor” and “supervisee”.

Supervisee ratings of real relationship in supervision were measured using *The Real Relationship Inventory- Client Version* (RRI-C; Kelley et al., 2010; see Appendix T). The



RRI-C is a 24-item measure of the strength of the personal or “real” relationship in supervision. It consists of two subscales: Genuineness (the ability to be authentic in the here and now) and Realism (the transference-free or undistorted aspect of the relationship). An example item from the Genuineness subscale is: “My supervisor seems genuinely connected to me”. An example item from the Realism subscale is: “The relationship between my supervisor and me is strengthened by our understanding of one another”. Items are rated from 1 (*strongly disagree*) to 5 (*strongly agree*). The RRI-C has been shown to have good internal consistency for both subscales (.91 for Genuineness and .90 for Realism) as well as the total score (.95; Kelley et al., 2010). In addition, the RRI-C has been shown to have good validity in that it is highly correlated with other measures of the therapeutic relationship (see Kelley et al., 2010). The RRI-C was modified for this study to make it relevant to the supervisory context by changing the word “therapist” to “supervisor”.

#### **4.2.3 Different Recruitment Groups**

A series of analyses were conducted to assess the potential effects of different recruitment procedures (online vs. face-to-face) since it was anticipated that the face-to-face group would be comprised of more early-career psychologists compared with the online group. The two recruitment groups differed significantly in terms of: age in years ( $t(127) = 2.86, p = .005$ ; online:  $M = 32.45, SD = 9.08$ ; face-to-face:  $M = 27.69, SD = 6.16$ ), number of years’ experience working in mental health ( $t(127) = 2.62, p = .01$ ; online:  $M = 4.38, SD = 4.59$ ; face-to-face:  $M = 2.26, SD = 2.23$ ), number of years with current supervisor ( $t(127) = 2.29, p = .023$ ; online:  $M = 1.61, SD = 2.29$ ; face-to-face:  $M = 0.71, SD = 0.47$ ), and the highest level of education completed ( $\chi^2(1) = 11.99, p = .001$ ). The recruitment groups did not differ significantly in terms of gender.

It was therefore determined that the two recruitment groups had significant demographic differences, broadly suggesting that an older and more experienced group

completed the measures online. A series of  $t$  tests were run to explore whether the two groups differed in terms of responses to the measures of the study. The groups did not differ significantly in their responses on the SWAI-T, RRI-C, The Isomorphism Scale, nor the frequency ratings on the MSQ. However, they did differ significantly in terms of their willingness ratings on the MSQ ( $t(127) = -2.41, p = .018$ ), with face-to-face recruited participants indicating greater willingness on the MSQ ( $M = 3.20, SD = 0.50$ ) compared with those recruited online ( $M = 2.94, SD = 0.56$ ).

#### **4.2.4 Data Analysis**

Data was analysed using SPSS Statistics Software, with the following aims: 1) we firstly aimed to examine whether there were significant differences in terms of the frequency and willingness to use different forms of metacommunication as identified by the items of the MSQ. Due to normality violations, non-parametric analyses were carried out (Friedman's ANOVA and Wilcoxon Signed Rank tests); 2) A factor analysis with oblimin rotation was conducted to explore the factor structure of the MSQ; 3) Finally, correlational analyses were used to examine the relationships between the factors of the MSQ and the measures of the supervisory relationship.

### **4.3 RESULTS**

#### **4.3.1 The Metacommunication in Supervision Questionnaire: Descriptive Statistics**

Table 4.1 displays the descriptive statistics relating to the frequency and willingness ratings on the MSQ. Visual inspection of the distributions revealed that 9 of the 12 variables were normally distributed. The other three items were moderately positively skewed. A Friedman ANOVA indicated that the frequency ratings varied significantly across the 12 items,  $\chi^2(11) = 297.21, p < .001$ . Follow-up pairwise comparisons were conducted with the Wilcoxon Signed Rank test utilising a Bonferroni adjusted  $\alpha$  of .001. Significant differences are displayed in Table 4.1.

A series of Bonferroni-corrected Wilcoxon Signed Rank tests were conducted to examine differences between ratings of supervisee willingness and perceived supervisor willingness to engage in metacommunication. At an adjusted  $\alpha$  of .004, supervisees' perceptions of willingness were significantly different from perceived supervisor willingness for item 9. Specifically, supervisees indicated that they perceived that their supervisor would be more open to discuss something that had caused discomfort or upset for the supervisee in supervision than they would feel to discuss this,  $Z = -2.85$ ,  $p = .004$ . The lack of statistical significance in other comparisons indicates that mostly, supervisees view themselves and supervisor as similarly willing to engage in the various forms of metacommunication.

A reliability analysis was carried out on the three subscales of the MSQ. Cronbach's alpha showed the questionnaire had satisfactory reliability for each scale: frequency ( $\alpha = .85$ ), supervisee willingness ( $\alpha = .90$ ), and perceived supervisor willingness ( $\alpha = .94$ ).

#### **4.3.2 Factor Analysis of the Metacommunication in Supervision Questionnaire**

To investigate the underlying structure of the 12-item MSQ, a factor analysis was conducted utilising ratings of frequency of metacommunication in supervision. Principal Component Analysis was employed with direct oblimin rotation. Prior to running the analysis, it was verified that the assumption of multicollinearity was met. The Kaiser-Meyer-Olkin statistic was deemed acceptable at .85 and Bartlett's Test of sphericity was significant, indicating that the data is appropriate for factor analysis. Examination of the distributions of the data indicated that three items were not normally distributed (moderate skewness with a range of 1.11- 1.36). Given the robust nature of factor analysis, these deviations were not considered problematic. Furthermore, a linear relationship was identified among the variables.

An initial analysis was conducted to obtain eigenvalues for each component in the data. This revealed that two components had eigenvalues over Kaiser's (1960) criterion of 1. The first factor had an eigenvalue of 4.73 and accounted for 39.42% of the variance. The

Table 4.1.

*Means (and Standard Deviations) with indicators of statistical significance for the MSQ*

Item	Frequency <i>M (SD)</i>	Willingness	
		Supervisee <i>M (SD)</i>	Supervisor <i>M (SD)</i>
1. My supervisor and I talk directly about the supervisory relationship.	2.31 (.86) <sup>a</sup>	3.02 (.82)	3.16 (.83)
2. My supervisor and I openly negotiate the terms of our relationship.	2.38 (.91) <sup>ab</sup>	3.16 (.78)	3.17 (.76)
3. My supervisor and I monitor what is working/ not working between us in supervision.	2.26 (.95) <sup>abc</sup>	3.08 (.79)	3.19 (.79)
4. My supervisor checks in with me about my feelings about what is happening between us in supervision.	2.12 (.97) <sup>abcd</sup>	3.10 (.80)	3.00 (.87)
5. My supervisor and I discuss whether supervision is meeting my needs.	2.71 (1.02) <sup>e</sup>	3.40 (.68)	3.29 (.82)
6. When I have trouble responding to a client, my supervisor and I discuss how I struggle with the same issue in the supervisory relationship.	1.71 (.91) <sup>f</sup>	2.99 (.86)	2.94 (.83)
7. My supervisor and I speak about parallels or similarities between myself and my clients.	2.07 (.95) <sup>abcdg</sup>	3.12 (.82)	2.95 (.87)
8. When I am worried that my supervisor may be feeling something negative towards me (e.g., frustration), we talk about this together directly.	1.58 (.77) <sup>fh</sup>	2.57 (.86)	2.67 (.84)
9. When I feel uncomfortable or upset about something that happens in supervision, my supervisor and I discuss this openly.	1.78 (.88) <sup>fghi</sup>	2.75 (.81)	2.96 (.82)
10. My supervisor and I speak about how comfortable we feel to discuss things openly with one another in supervision.	2.08 (1.00) <sup>abcdgi</sup>	3.16 (.74)	3.11 (.84)
11. My supervisor and I speak about things that may have previously been censored, concealed or unsaid in our relationship.	1.50 (.76) <sup>afh</sup>	2.57 (.85)	2.64 (.84)
12. When my supervisor and I have a difference of opinion, we discuss this together openly.	2.60 (.97) <sup>abce</sup>	3.24 (.83)	3.40 (.71)

*Note.* The frequency mean ranks that differ from each other at  $P < 0.01$  do not share a letter.

second factor had an eigenvalue of 1.4 and accounted for a further 11.67% of the variance. Table 4.2 shows the factor loadings after rotation. A cut-off of  $>.4$  was used in identifying substantive loading values (Stevens, 2002). The first factor comprised items relating to open communication about the general nature of the supervisory relationship whereas factor two related to managing a difference of opinion or discomfort in the supervisory relationship. The correlation between the two factors was .422, suggesting a degree of interrelationship between the factors. For this reason, the oblique rotated solution was retained as the most appropriate rotation method for these data (Field, 2009).

A pairwise  $t$  test was conducted to explore whether there are statistically significant differences between the mean of items in factor one versus those in factor two. Participants rated open communication about the general nature of the supervisory relationship (factor one) as occurring significantly more frequently ( $M = 2.31$ ,  $SD = 0.71$ ), compared with managing a difference of opinion or discomfort in the supervisory relationship (factor two;  $M = 1.91$ ,  $SD = 0.60$ ),  $t(128) = 7.16$ ,  $p < .001$ .

#### **4.3.3 Correlations with Measures of the Supervisory Relationship**

Reliability analyses were firstly conducted for each of the measures of the supervisory relationship. Cronbach's alpha showed satisfactory reliability for both subscales of the SWAI-T ( $\alpha = .93$  for Rapport and  $\alpha = .84$  for Client Focus). Both subscales of the RRI-C (with modified wording for supervision) also demonstrated satisfactory reliability ( $\alpha = .93$  for Genuineness and  $\alpha = .91$  for Realism). Finally, Cronbach's alpha demonstrated high reliability for the Isomorphism Scale ( $\alpha = .91$ ). The two factors identified within the factor analysis were correlated with all measures of the nature of the supervisory relationship (SWAI, Isomorphism Scale, RRI-C). The relationships between the two factors and the number of years participants had worked in the mental health field as well as with the number of years they had been engaged with their current supervisor were also examined. See Table

Table 4.2.

*Direct Oblimin Rotated Factor Structure of the Metacommunication in Supervision Questionnaire*

Item	Loadings	
	Factor 1	Factor 2
1. My supervisor and I talk directly about the supervisory relationship.	<b>.746</b>	.027
2. My supervisor and I openly negotiate the terms of our relationship.	<b>.851</b>	-.190
3. My supervisor and I monitor what is working/ not working between us in supervision.	<b>.620</b>	.199
4. My supervisor checks in with me about my feelings about what is happening between us in supervision.	<b>.659</b>	.215
5. My supervisor and I discuss whether supervision is meeting my needs.	<b>.738</b>	-.061
6. When I have trouble responding to a client, my supervisor and I discuss how I struggle with the same issue in the supervisory relationship.	.197	<b>.410</b>
7. My supervisor and I speak about parallels or similarities between myself and my clients.	-.163	<b>.791</b>
8. When I am worried that my supervisor may be feeling something negative towards me (e.g., frustration), we talk about this together directly.	.105	<b>.719</b>
9. When I feel uncomfortable or upset about something that happens in supervision, my supervisor and I discuss this openly.	.383	<b>.459</b>
10. My supervisor and I speak about how comfortable we feel to discuss things openly with one another in supervision.	<b>.701</b>	.085
11. My supervisor and I speak about things that may have previously been censored, concealed or unsaid in our relationship.	.121	<b>.627</b>
12. When my supervisor and I have a difference of opinion, we discuss this together openly.	-.055	<b>.619</b>

4.3 for these correlations. In order to test whether correlations between the two factors with other supervisory relationship factors were significantly different, a series of five Steiger z-tests were conducted (Steiger, 1980). Given specific directions were not hypothesised, all tests were 2-tailed. These revealed that none of the correlations between the two MSQ factors with other supervisory relationship measures were significantly different, although the test with Isomorphism approached significance ( $z = -1.67, p = .08$ , 2-tailed).

Table 4.3.

*Correlations between supervisory relationship measures and the MSQ factors*

Measure	Factor 1	Factor 2
SWAI- Rapport	.55**	.46**
SWAI- Client	.46**	.42**
RR- Genuine	.59**	.57**
RR- Realism	.56**	.52**
Isomorphism	.46**	.58**
Years with supervisor	-.03	.22*
Years in mental health	.00	.09

*Note. SWAI-Rapport = Supervisory Working Alliance Inventory- Trainee Form: Rapport subscale; SWAI-Client = Supervisory Working Alliance Inventory- Trainee Form: Client Focus subscale; Isomorphism = Isomorphism Scale, composite score; RR-Genuine = Real Relationship Inventory- Client Version: Genuineness subscale; RR-Realism = Real Relationship Inventory- Client Version: Realism subscale.*

## 4.4 DISCUSSION

This study examined the use of metacommunication in supervision from supervisees' perspectives, utilising the *Metacommunication in Supervision Questionnaire- MSQ*, devised for the purpose of this study. Measures of the nature of the supervisory relationship (again

from the supervisee's perspective) were also taken to explore whether a relationship exists between the nature of the supervision relationship and supervisees' perspectives on the use of metacommunication.

Analysis of the descriptive statistics from the MSQ revealed variability in the frequency of different forms of metacommunication in supervision. Supervisees reported that they most frequently engage in discussions around the extent to which their needs are being met in supervision, as well as differences in opinion with their supervisor and negotiation of the terms of supervision. Supervisees indicated that the least frequent forms of metacommunication utilised in supervision were around previously censored material and discussion about concerns around negative evaluation from the supervisor. It may be that these forms of metacommunication were reported as less frequent due to the relative discomfort of direct communication about difficulties in the supervisory relationship, compared with discussion about roles and differences of opinion in supervision. This is in line with previous research indicating that supervisees tend not to disclose their feelings about adverse events within the supervisory relationship to their supervisors (Gray et al., 2001; Nelson & Friedlander, 2001). It is also important to note the power imbalance inherent in the supervisory relationship and its associated vulnerabilities (Gottlieb, Robinson, & Younggren, 2007; Thomas, 2010), which could impact supervisees' willingness to discuss adverse events in supervision. As a subset of the participants in the study were trainee psychologists, it is likely that the evaluative component within the supervisory relationship could have also played a role in their openness to discussing negative experiences with their supervisor.

It is also possible that discussion of adverse events in supervision was rated as less frequently occurring because such events legitimately do not occur often. Supervisee ratings of willingness showed a similar pattern to frequency ratings, suggesting that the discomfort/vulnerability explanation may be more plausible. Specifically, discussion of



supervisee needs and differences of opinion in supervision were the two mostly highly rated forms of metacommunication in terms of supervisee willingness. Supervisees reported the least willingness to speak about things that may have previously been censored, concealed or unsaid in their supervisory relationship (item 11) as well as to directly talk with their supervisor about perceptions of negative evaluation (item 8). These items were also rated as the two least frequently used forms of metacommunication. Overall, supervisees indicated little to no difference between their willingness and their perceptions of their supervisor's willingness to engage in each form of metacommunication.

Factor analysis of the MSQ identified a two-factor structure underlying the 12 items. The first factor appeared to relate to open communication about the general nature of the supervisory relationship whereas factor two related to managing a difference of opinion or discomfort in the supervisory relationship. Factor one was rated as significantly more frequent in supervision compared with factor two. Correlations between these factors and measures of the quality of the supervisory relationship revealed that supervisory working alliance and real relationship were positively correlated with both factors. Although factor one ("Open communication about the general nature of the supervisory relationship") appeared to have a slightly stronger relationship with these relationship variables than factor two ("Managing disagreement and discomfort"), these differences did not reach statistical significance. This may suggest that metacommunication, is facilitated by a solid working rapport and sense of authentic connection in supervision. It may also be possible that metacommunication facilitates the development of a strong alliance and genuine rapport within the supervision relationship. A positive correlation between metacommunication and real relationship was not observed in the Shafran et al. (2017) study which focused on the therapy dyad (rather than the supervisory dyad). This raises questions about whether facilitation or development of

metacommunication skills in supervision would transfer to the therapy context and have any measurable effect on the therapy alliance or real relationship.

The Isomorphism Scale was also positively correlated with both metacommunication factors, but although it was more strongly correlated with factor two, this did not reach statistical significance. The Isomorphism Scale (Heidel, 2012) asks participants to indicate the extent to which they believe that the goals and processes of supervision and counselling are similar. This finding indicates that high agreement with these ideas is associated with greater focus on metacommunication and particularly components that reflect processing of difficult aspects of the supervisory relationship.

Metacommunication that involved managing disagreement or discomfort in the supervisory relationship (factor 2) was significantly related to the number of years spent working with the current supervisor. Factor 1, capturing more open communication in the supervisory relationship, was not related to years spent with the current supervisor. This may suggest that longer-term supervisory relationships create a safer space to process the more difficult aspects of the relationship and is in line with Kiesler's (1988) suggestion that emotional safety in the relationship is an important precursor to effective metacommunication. It may also be that the longer one has been involved in their supervisory relationship, the more opportunities there have been to experience and process adverse events.

There are a number of methodological limitations to be considered when interpreting the findings of this study. Firstly, it is important to note sample limitations and potential sampling bias issues. This survey included a very high proportion of female respondents as well as individuals identifying Cognitive Behavioural Therapy as their predominant theoretical orientation. Therefore, it is important to acknowledge that male psychologists and those practising within other therapeutic models may be underrepresented in the study. Future research in this area should endeavour to ensure more equal representation of gender and

broader representation of participants from different theoretical orientations. The sample in this study is essentially comprised of two sub-samples emerging from two recruitment methods. The online-based recruitment carries the potential for self-selection bias and the face-to-face recruitment method through two University training programs captured a relatively inexperienced sub-sample who are very early in their careers. Future research could also examine the cultural and racial identities of participating supervisees (and potentially the matching of these identities and in-session processing of ethnicity in supervision). This demographic factor is a relevant consideration given that the literature has long acknowledged that racial identity matching impacts the strength of the supervisory working alliance (Ladany, Brittan-Powell, & Pannu, 1997), as does the degree to which the supervisory dyad engages in frank discussions around similarities and differences in the participants' respective ethnic backgrounds (Gatmon et al., 2001). Additionally, future studies could attend to the role of the power imbalance in the supervisory relationship (Gottlieb et al., 2007; Thomas, 2010). It would be useful to assess the degree of power differential from the perspective of supervisees and explore whether this impacts their willingness to engage in metacommunication with their supervisor. It is possible that the power imbalance in supervision and cultural factors interact in a meaningful way that is relevant to the use of metacommunication in supervision. The intersection between issues of power and culture in supervision has been raised within the literature (Hernandez & McDowell, 2010; Markham & Chiu, 2011) and is a relevant point of investigation for future studies considering the willingness and actual use of metacommunication in the supervision space.

Secondly, while we asked participants to provide an indication of their perception of their supervisor's willingness to use metacommunication with them, this study lacked the actual perspective of supervisors. It would be useful to understand supervisors' perspectives on the use of metacommunication in their supervision, as well as to have the opportunity to

explore concurrence between dyads. Previous research has demonstrated that there can be discrepancies in the ratings of the supervision relationship by the supervisor and supervisee (Bilodeau, Savard, & Lecomte, 2010; Locke et al., 2017). It is also worth noting that the data collected in this study is based entirely on participant self-report. Future studies could explore the use of metacommunication in supervision from the perspective of supervisors, but could also examine this in a more objective manner, such as through the use of video recordings and observer ratings, similar to the approach taken by Hill et al. (2014) in examining the use of metacommunication in the therapy relationship. Additionally, this study included modified versions of the RRI and Isomorphism scales for use in the supervision context. There can be limitations in using a measure created for the therapy context to assess the construct of focus in the supervision space. This common practice is based on the assumption that the construct operates similarly in both contexts, but there are important points of difference between therapy and supervision (Dye & Borders, 1990; Ladany & Bradley, 2011; Ladany et al., 1999b). Future studies should examine the psychometric properties and appropriateness of the use of these scales in the supervision context.

The MSQ was developed for the purpose of exploring the frequency of metacommunication in supervision as well as exploring supervisee attitudinal perceptions of its potential use in this study. Although the primary purpose of this project is to provide preliminary data regarding the self-reported frequency that different aspects of metacommunication occur and how these related to other components of the supervisory relationship, preliminary psychometric data of the MSQ is also generated. However, there is clearly a need for future development and refinement of measures of metacommunication in supervision and the MSQ may provide an initial pool of items for further psychometric development. This would likely involve further iterations of feedback on the items (e.g., expert review, the use of focus groups) and broader administration of the measure to more

closely examine reliability and applicability of the scale. Confirmatory factor analysis of the MSQ would be useful in corroborating the factors found for the MSQ in this study.

Comparison of MSQ responses to more observational forms of measuring metacommunication in supervision (as noted above) could assist in further refining the scale.

Finally, there is a need for intervention studies to explore the use of metacommunication in supervision, evaluating outcomes in terms of supervisee/supervisor experience (e.g., comfort, barriers, perceived impact), possible changes in the nature of the supervisory relationship, and development of clinical skills/abilities.

In closing, the results of this study suggest that the different types of metacommunication explored by the MSQ are used to varying degrees within the supervision space and are highly correlated with measures of the nature of the supervisory relationship. It appears that metacommunication around difficult or uncomfortable feelings in the supervisory relationship occurs less often than other components of metacommunication. Future research needs to further validate the MSQ and assess whether the frequency of metacommunication in the supervisory relationship is related to metacommunication in supervisees' psychotherapy with clients.

## **CHAPTER FIVE: STUDY 4**

### **Improvements in psychologists' metacommunication self-efficacy, willingness and skill following online training and a supervision exercise**

This chapter is currently under review as a manuscript. Minor modifications were made to this published paper to conform to the thesis review process.

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## 5.1 INTRODUCTION

### 5.1.1 Metacommunication as a Therapeutic Skill

In psychology, the term *metacommunication* (Kiesler, 1988) refers to the clinical skills of speaking directly with clients about relational dynamics occurring within the therapy room. A number of alternative terms for this skill have been used interchangeably in the literature (Hill & Gupta, 2018), including *immediacy* (Hill et al., 2014a) and *process comments* (Teyber & McClure, 2011). These terms all refer to a here-and-now discussion with clients about the interpersonal processes in the therapeutic relationship. Metacommunication is an important aspect of the therapist's relational competence. This skill also calls upon reflective practice competencies since metacommunication with clients requires the therapist to recognize emotions or interactions within the therapeutic relationship, step back from this experience with a stance of curiosity, and to engage in an open dialogue with the client about what is occurring within the relationship (Høglend et al., 2011; Safran & Muran, 2000).

Case-study research has showed that metacommunication may be used to develop an effective therapeutic relationship, to address ruptures and impasses in therapy, and to model for clients a framework for managing their relationships outside of therapy (Berman et al., 2012; Hill et al., 2008; Kuutmann & Hilsenroth, 2011; Mayotte-Blum et al., 2012).

Theoretically, metacommunication is believed to assist clients to move toward therapeutic change through the opportunity to discuss their reactions and emotions in the therapeutic relationship in a manner that differs from what they have come to expect in other relationships (Teyber & McClure, 2011). In other words, metacommunication in therapy may provide clients with a corrective emotional experience. Metacommunication may also promote clients' awareness of dysfunctional relational patterns and the impact of their actions on others (Kiesler, 1996; Teyber & McClure, 2011).

In an empirical investigation of the use of metacommunication in therapy, Hill et al. (2014a) examined 16 cases of open-ended individual adult therapy conducted by doctoral students. Trained research teams viewed and coded videos of the therapy sessions with the aim of determining whether metacommunication was used. The coders categorized various types of metacommunication used by the therapists as well as the outcome or function of the metacommunication within the therapy. The researchers identified 234 metacommunication events, with the most frequent type being open discussion about unexpressed feelings in the therapeutic relationship. The least frequently employed form of metacommunication involved the repair of ruptures. The judges identified a range of consequences for the use of metacommunication in therapy, based on the responses of clients. These included (from highest to lowest frequency): clients openly expressed their feelings about the therapeutic relationship; clients opened up to their therapist and gained insights; therapeutic boundaries were reinforced; clients experienced validation or care from the therapist; relationship ruptures were resolved; or clients had a corrective/reparative experience. The review panel did not observe negative consequences of metacommunication in any of the cases.

### **5.1.2 Teaching the Skill of Metacommunication**

A number of strategies have been proposed to assist psychologists to improve their relational competence. For instance, journaling about one's cognitive and affective experiences as a therapist is one proposed method for enhancing relational awareness and competence (Orchowski et al., 2010; Osborn et al., 2007). Independent written reflection on a therapeutic dilemma or impasse is another recommended strategy (Holloway & Carroll, 1999; Neufeldt, 1999). Professional supervision is viewed as an important opportunity for learning and development for psychologists (Bernard & Goodyear, 2019) and several strategies for enhancing relational competence within supervision have been proposed. One such example is *Interpersonal process recall* (IPR; Kagan, 1980), which aims to increase the therapist's



awareness of affective and interpersonal dynamics in the therapeutic relationship. In this technique, the supervisor and supervisee view a recording of a psychotherapy session and pause it at salient points for reflective discussion. (Bernard & Goodyear, 2019). Supervisors may model therapy skills in supervision through techniques such as role-playing, active listening practice, and teaching conflict-resolution skills (Goodyear, 2014; Mangione & Nadkarni, 2010). A study of 45 psychology supervisees and 41 supervisors had participants rate the frequency with which they employ different strategies for training relational competence in supervision (Calvert, Crowe & Grenyer, 2017). Supervisees and supervisors both identified Socratic questioning as the most frequently used supervisory intervention for the development of relational and reflective competence. This was followed by thinking aloud and reflexive dialogue in supervision. IPR was rated as the least frequently used supervisory strategy by both supervisees and supervisors, perhaps because this requires access to video recordings of the supervisees' therapy sessions.

Metacommunication is seen to be a complex relational intervention, which can be difficult to teach and develop (Spangler et al., 2014). Several studies have examined methods for training this particular ability. A study conducted by Hess et al. (2006) explored methods of training to develop trainee psychologists' skills in responding to angry clients, with metacommunication being a focus of the study. The three types of training for dealing with anger were: supervisor-facilitated (individual meeting with supervisor to discuss and role-play methods of dealing with an angry client), self-training (reflective writing exercise on reactions, thoughts and feelings associated with viewing a vignette of an angry client) and biblio-training (reading an article about a treatment model for anger). The 62 participating student therapists each completed all three forms of training in randomised order. Participants then viewed vignettes depicting an angry client (played by an actor), directing both verbal and non-verbal angry expressions to the camera. They were given a 30 second window in which

to write a verbal response to the client. The researchers found no differences across the forms of training in terms of participants' state anxiety, self-efficacy for working with anger, and the proportion of metacommunication in vignette responses. Metacommunication statements were defined using the immediacy category in the *Helping Skills System* (HSS; Hill & O'Brien, 1999), which includes any statement that "discloses the helper's immediate feelings about self in relation to the client, about the client, or about the therapeutic relationship" (p. 369). Proportion of metacommunication was calculated by dividing the number of metacommunication statements by the total number of responses.

The proportion of metacommunication used by participants was high in response to the pre-training vignette (21%) and was at a higher frequency than that observed in previous samples (Hill & O'Brien, 1999). In terms of the participants' subjective perceptions of the training types, the supervisor-facilitated training was rated as more helpful than, and was preferred to, self-training and biblio-training. Hess et al. (2006) concluded their study with the recommendation that client vignettes may be a helpful adjunct to training in terms of enhancing relational competence beyond basic counselling skills. Other training strategies that have been reported as helpful include lecture-type material to contextualize learning, the observation of models demonstrating skills and practice (Spangler et al., 2016). Evidence for this was derived from a study of 132 upper-level psychology undergraduates who underwent training in metacommunication. Qualitative data indicated that students felt that modelling helped to bring metacommunication to life and more than half of the students wrote in their reflection that modelling was the most helpful training component. Practice was also valued by the students who indicated this allowed them to employ the skills they had learned experientially. Although the researchers suggested that the lecture at the beginning of training seemed to help clarify aspects of metacommunication for students, the students themselves viewed the lecture as less helpful than actual practice (Spangler et al., 2014). This highlights

the need to have experiential training that includes an opportunity to view examples of metacommunication in action as well as to practice the skills.

### **5.1.3 Experiential Learning of Metacommunication in Supervision**

In order to develop supervisees' capacity to metacommunicate with clients, the supervisory relationship might be conceptualized as a platform for experiential learning about relational processes and dynamics (Kaslow & Bell, 2008; Orchowski et al., 2010). Hill and Knox (2009) postulate that "when supervisors and trainees examine their own interpersonal processes, trainees are engaged in an important cognitive and experiential learning opportunity. They intellectually come to understand the benefits of such conversations, but perhaps more importantly, they can experience for themselves favorable repercussions" (p. 30). The use of metacommunication in supervision may provide an opportunity for supervisee experiential learning about how to use these processes with their clients. The use of metacommunication in supervision provides an opportunity for the supervisee to observe and then practice these skills within the supervisory relationship which supports their development of these techniques so they can then be transferred to their work with clients (Calvert et al., 2016).

There are currently very few empirical studies exploring the use of metacommunication within the supervisory relationship. A qualitative study that used semi-structured interviews of 18 supervision dyads to explore supervisor and supervisee experiences of metacommunication within supervision (Hill & Gupta, 2018). Four key themes were identified in the interview data. First, metacommunication was sometimes not used and the relationship dynamics were instead unprocessed. Second, metacommunication was at times used to negotiate the terms of or monitor the supervisory relationship. Third, metacommunicative dialogue was sometimes used to draw parallels between therapy and supervision. Finally, metacommunication was at times used to process distortions and resolve

relationship ruptures in supervision. So, while metacommunication of different forms are clearly present in supervision, the purposeful engagement in metacommunication within the supervisory relationship for experiential learning is yet to be explored.

Another study examined the use of metacommunication in supervision from the perspective of supervisees (Calvert, Deane, & Grenyer, 2018). The researchers developed the Metacommunication in Supervision Questionnaire (MSQ) in order to quantify the frequency of different types of metacommunication in supervision. In addition, participants' willingness to metacommunicate with their supervisor and their perception of their supervisor's willingness to use metacommunication in supervision were assessed. A total of 129 supervisees completed the MSQ. There was general concordance between supervisee ratings of their own willingness and their perception of their supervisor's willingness to use various forms of metacommunication in supervision. There were significant differences in the reported frequency with which the different types of metacommunication are actually used. Metacommunication to manage disagreement or discomfort occurred less often than metacommunication about general aspects of the supervisory relationship (such as discussing whether supervision is meeting the supervisee's needs and talking about the terms of the supervisory relationship). Metacommunication that involved managing disagreement or discomfort in the supervisory relationship was significantly related to the number of years spent working with the current supervisor. This may suggest that longer-term supervisory relationships create a safer space to process the more difficult aspects of the relationship. These preliminary studies confirm metacommunication occurs in supervision and supervisees are willing and perceive their supervisors to be willing to engage in metacommunication during supervision. However, there is a need look at strategies to encourage more explicit and purposeful practice of metacommunication within supervision.

#### **5.1.4 The Present Study**

The aim of the present study was to examine participants' experiences of an online training tool in metacommunication (a didactic training approach) as well as a supervisory intervention in which metacommunication was employed with the supervisor (an experiential approach). The online tool consisted of lecture information and role play demonstrations of the use of metacommunication in therapy. The tool also provided information about the potential uses of metacommunication in supervision, including for experiential learning of the skill. Changes in participants' self-efficacy to use metacommunication with their clients, the level of metacommunication used in vignette-responses to a simulated client, and their willingness to use metacommunication in supervision were assessed pre- and post-completion of the online tool as well as at 6-week follow-up.

Participants were also given the option to participate in the experiential metacommunication exercise with their supervisor, following completion of the online tool. The supervisory exercise involved having a reflexive conversation with their supervisor about the processes occurring within the supervision relationship. Participants who undertook this supervision also completed a reflective writing task after the supervision session, designed to elicit feedback about their experience and perceptions of the supervisory intervention.

## **5.2 METHOD**

### **5.2.1 Participants**

There were 101 participants comprising students in professional psychology training programs and qualified practitioners in psychology who were all currently receiving individual clinical supervision. The sample included 94 females and seven males with a mean age of 32.27 years (min = 22; max = 60;  $SD = 9.87$ ). A total of 40% of participants listed an undergraduate degree as their highest level of qualification and 60% indicated that they held a postgraduate degree in psychology. Seventy-four percent of participants identified Cognitive Behavioral Therapy, as their dominant theoretical orientation followed by Psychodynamic

(12%), Existential/Humanistic (3%), Family Systems (3%) and 8% listed their primary theoretical orientation as ‘other’. Fifty-one participants reported that they engage in weekly supervision, 28 reportedly fortnightly supervision, and 18 had monthly supervision (4 participants selected ‘other’). A total of 43.56% of participants reported that they work primarily with adult clients, 14.85% work with children, 0.99% indicated that they work with geriatric adults, and 40.59% work with a combination of the above population groups. The average time spent working in mental health was 4.30 years ( $SD = 4.62$ ) and the average number of years spent with the current primary supervisor was 1.12 ( $SD = 0.89$ ).

### **5.2.2 Online Training Tool**

An online interactive learning platform was developed to provide didactic training in metacommunication. The training tool comprised a 20-minute video which consisted of an audio-visual educational presentation (using an online educational video streaming platform designed specifically for this study) about the skill of metacommunication and a series of three videos comprising clinical role plays to demonstrate the use of metacommunication with a client. The presentation about metacommunication included information about the definitions, theoretical underpinnings, and aims of this skillset in therapy. Information was also presented about the possible use of metacommunication in the supervision relationship such as managing the supervisory alliance, dealing with potential ruptures, and experiential learning. The role plays depicted the use of metacommunication across three sessions with a client. The script for the role play was based directly on the case study of metacommunication (“Dr N” and “Lily” presented in Kasper, Hill & Kivlighan, 2008).

### **5.2.3 Supervisory Intervention**

The additional supervisory intervention involved participants employing a metacommunication exercise in their individual supervision. To be eligible to participate in this branch of the study, participants needed to have an individual supervision scheduled

within the 6-week period between completing the online tool and the follow-up. The intervention required participants to set aside the final 15 minutes of a supervision session to engage in a reflective conversation with their supervisor. This conversation was guided by six prompts that the supervisee was asked to read aloud and discuss with their supervisor. These prompts were based on suggestions proposed by Hill, Crowe, and Gonsalvez (2016) for reflective dialogue in supervision (see Table 5.1).

Table 5.1.

*Prompts provided for the supervisory intervention*

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1.	What was helpful to the supervisee in this supervision session today?
2.	What were our intentions in the session today and did we connect in those intentions?
3.	Were there things that either of us held back from saying or discussing in this session, whether it be intentional or unintentional?
4.	Did either of us have concerns or anxieties about the content discussed, the supervision process or the supervision relationship?
5.	(If this supervision session focused on therapy case material): Were there any parallels between our interactions in supervision and those we are observing in therapy?
6.	What could we do differently in future supervision sessions to better meet the needs of the supervisee?

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## 5.2.4 Measures

**5.2.4.1. The Metacommunication in Supervision Questionnaire.** (MSQ, Calvert, Deane, & Grenyer, 2018; see Appendix V) was used to measure the frequency of

metacommunication in supervision as well as participants' willingness to metacommunicate with their supervisor. The MSQ consists of 12 items, each derived from the qualitative data collected by Hill and Gupta (2018). Participants were asked to rate each item on two scales: 1) "How willing would you be to do this in supervision?" (rated from 1: *not at all willing* to 4: *very willing*); 2) "How frequently does this occur in your supervision?" (rated from 1: *Never* to 4: *Often*). Participants were prompted to answer all questions with reference to their current (or most recent) primary individual supervision relationship. The willingness subscale was utilised at the three timepoints in this study (pre-online-training, post-online-training, and follow-up), whereas the frequency subscale was only used at pre-online-training for the purpose of obtaining baseline information about participants' use of metacommunication in supervision prior to participating in the study. In the previous study, internal reliability using Cronbach's alpha showed the questionnaire had satisfactory reliability for each scale: frequency ( $\alpha = .85$ ) and supervisee willingness ( $\alpha = .90$ ) (Calvert et al., 2018). In the current study, Cronbach's alphas for the willingness scale was also high at pre-online-training ( $\alpha = .93$ ), post-online-training ( $\alpha = .96$ ) and at 6-week follow-up ( $\alpha = .94$ ). The frequency subscale (utilised at pre-online-training only) also had satisfactory internal reliability ( $\alpha = .84$ ). In the present study, frequency and willingness to metacommunicate in supervision were calculated as the mean of the 12 items on this subscale.

**5.2.4.2. The Self-Efficacy for Immediacy Scale.** (SEIm; Hill, Spangler, Chui, & Jackson, 2014b; see Appendix X) was used to measure participants' self-efficacy in using immediacy with clients. The SEIm consists of four items, each of which is rated on a 10-point scale, ranging from 0 (*no confidence*) to 9 (*complete confidence*). As noted, the terms immediacy and metacommunication are both used to refer to the capacity to talk about what is occurring in the therapy relationship in the here and now. Consequently, for the purposes of this study, the word *immediacy* was replaced with the word *metacommunication* for



consistency. The items are as follows: 1) “I can use metacommunication in a session with a client”; 2) “I can use metacommunication to talk in the here-and-now to a client about our relationship”; 3) “I can talk in the here-and now about positive aspects of my relationship with my client”; and 4) “I use metacommunication to address problems or misunderstandings between us as they arise”. The SEIm has previously been subjected to factor analysis, with a single-factor solution accounting for 81-86% of the variance and internal consistency alphas ranging from .92 to .95 (Hill et al., 2014b). In the present study, Cronbach’s alpha revealed similarly high reliability coefficients for self-efficacy, measured at pre-online-training ( $\alpha = .94$ ), post-online-training ( $\alpha = .95$ ) and at 6-week follow-up ( $\alpha = .92$ ).

*Use of metacommunication* was captured by participants’ immediate written responses to a therapeutic rupture presented in a video vignette exercise. The process for developing the vignettes closely followed that of Hess et al. (2006). The researchers created six videotaped vignettes, each depicting a male client expressing anger in a direct-to-camera fashion (see Appendix W). This method was chosen to create an immersive experience in which the participants could situate themselves as the responding therapist in the scenario where anger was being directed at them by a client. In line with Hess et al. (2006), the content of the vignettes was about: the therapist refusing to attend the client’s drama performance, the therapist giving bad advice regarding study methods, and the therapist having to terminate after 12 sessions. Each of the vignettes consisted of four verbal statements of anger and one non-verbal angry facial expression (silent glare and shaking head from side to side). The client expressions were followed by a 45 second period during which the participant was asked to provide a response to the client by typing the words they would say. Two actors were recruited to play the role of the client in the vignettes. Both actors filmed the three vignettes, creating a total of six videos. These videos were rated by 12 psychologists (10 females and 2 males) with an age range of 28-67 years ( $M = 38.80$ ;  $SD = 12.61$ ). The mean number of years

working as a psychologist post-registration was 8.85 ( $SD = 9.16$ ). The raters were asked to assess each vignette in three areas: believability, level of anger depicted and, overall production quality (all rated from 1 = *low*, 5 = *high*). Of the six vignettes, two were chosen for use in the study, based on the ratings. Video one consisted of a client expressing anger due to the psychologist giving bad advice about how to study and the mean ratings were: believability, 3.83 ( $SD = 1.03$ ); level of anger, 3.42 ( $SD = 0.90$ ); and production quality, 4.42 ( $SD = 0.79$ ). Video two consisted of a client expressing anger due to the having to terminate after 12 sessions and the mean ratings were: believability, 3.92 ( $SD = 0.90$ ); level of anger, 3.92 ( $SD = 0.67$ ); and production quality, 4.25 ( $SD = 0.75$ ). These ratings are similar to those in Hess et al. (2006). Paired samples  $t$  tests indicated that there were no significant differences between the two videos in terms of believability,  $t(22) = -0.21$ ,  $p = .95$ ; level of anger,  $t(22) = -1.55$ ,  $p = .14$ ; and production quality,  $t(22) = 0.53$ ,  $p = .60$ .

### **5.2.5 Procedure**

Participants were recruited for the study through several methods: emails to participants who had completed a previous study and indicated that they wished to be informed of future research participation opportunities; emails to professional contacts; advertisements through relevant professional bodies (see Appendix H); and face-to-face recruitment through two University psychology training clinics. Supervisees wishing to participate in the study were asked to email the research team to express their interest. Following informed consent procedures (see Appendix M), those who agreed to participate were randomly assigned to one of the four conditions for the online training tool, using a random number generator. In Condition A, participants completed both a pre- and post-training vignette exercise. In Condition B, participants completed a post-training vignette exercise only. This experimental design was chosen to be able to assess whether practice effects had an impact on responses to the vignettes. The order of the two vignette

presentations was also counterbalanced resulting in four conditions. Counterbalancing allowed potential order effects of the different videos to be evaluated. Figure 1 provides a detailed outline of the four experimental conditions. Once randomly assigned to a condition, participants were sent a Participant Identification Code and a link to the relevant online training condition.

Prior to engaging with the training tool, participants were first asked to provide demographic information, including gender, occupation, qualifications, theoretical orientation, length of time of clinical supervision and average amount of time spent in supervision each week (see Appendix N). Participants were then prompted to complete the MSQ and the SEIm, before being directed to view the training video. After completing the training tool and vignette task, participants again completed the MSQ (willingness scale only) and the self-efficacy measure.

Following completion of the online training tool, participants were given the opportunity to undertake the additional supervisory intervention. A total of 41 (40.59%) participants indicated that they did not wish to undertake the supervisory intervention. Of these 41 participants, 6 reported that they personally did not want to do the intervention in supervision, 10 reported that the reason for non-participation was due to their belief that their supervisor would not want to do the intervention and 16 indicated that their non-participation was due to not having supervision scheduled within the next six weeks. Nine participants selected “other” for their reason to decline.

A total of 60 participants indicated their intention to participate in the supervisory intervention and were mailed instructions and a sealed envelope containing the questions to facilitate metacommunication in supervision. They were instructed that they were free to choose between opening the envelope before the supervision session or during the intervention (it was emphasized that the latter would likely promote a more spontaneous

interaction). The participants were asked to complete a reflection exercise as soon as possible following the supervision intervention. This was delivered in the form of an online survey, consisting of two questions regarding the context of the implementation of the exercise, seven open-response reflective questions, and one multiple choice question. The questions in the supervisory intervention and associated results are presented in a separate manuscript (Calvert, Deane, & Barrett, 2019b).

All participants were contacted six weeks following the online training module to undertake a follow-up survey which 96 (95%) participants completed. Following completion of the follow-up survey, participants received a \$20 Gift Card. Individuals who completed the supervisory intervention received an additional \$40 Gift Card. This project underwent ethical review and was approved by the University of Wollongong Human Research Ethics Committee (HE2017/405). Figure 2 depicts a detailed flowchart of participant retention throughout the multiple phases of the study.

### **5.2.6 Data Analysis**

**Coding vignette responses.** The foundation of the coding system for the written responses to the vignettes was based on Muran, Safran, and Eubanks-Carter's (2011) model of metacommunication in therapy for alliance ruptures. This source was chosen due to the nature of the vignettes presented to participants (i.e., they simulated an alliance rupture). According to Muran et al., in the event of an alliance rupture, therapists can invite processing of immediate relational dynamics using three broad forms of metacommunicative statements: 1) *Focus on patient experience* (enquiring or making observations about the patient's immediate experience in the room, e.g. "what are you feeling right now?"); 2) *Focus on interpersonal field* (enquiring or making observations about the immediate dynamics of the therapy relationship e.g. "what's going on here between us?"); 3) *Focus on therapist experience* (enquiring or making observations about the therapist's immediate experience in

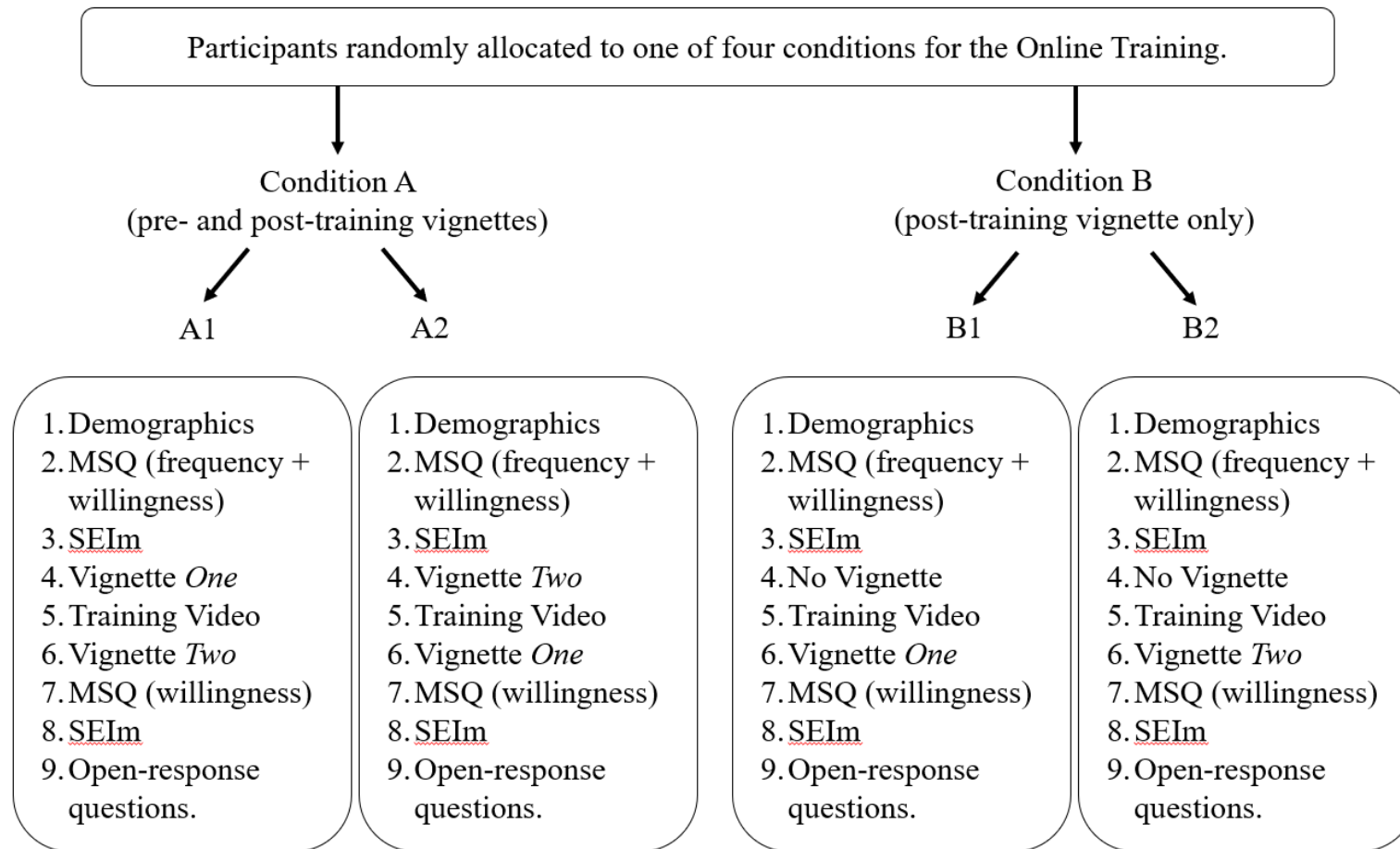


Figure 5.1. Graphical depiction of the four experimental conditions for the Online Training. MSQ = Metacommunication in Supervision Questionnaire; SEIm = Self-Efficacy for Immediacy.

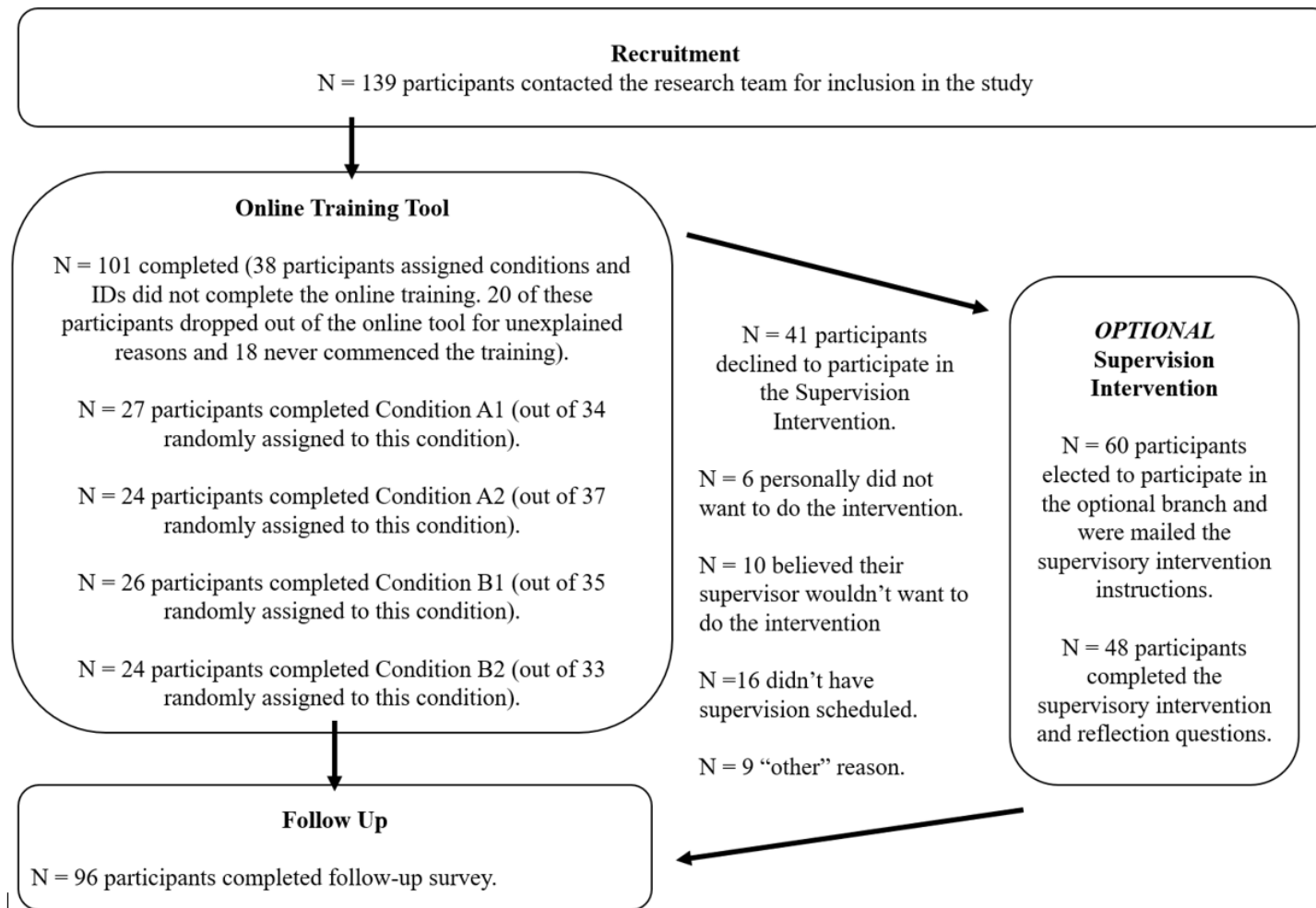


Figure 5.2. Graphical depiction of participant retention throughout the multiple phases of the study.

the room, e.g. “I’m aware of feeling defensive right now”). The process of developing and applying the coding manual closely followed the directions set out by Syed and Nelson (2015).

The second and third authors were given educational resources on metacommunication and received training in the coding manual by the first author. The data was broken down into grammatical sentence units for analysis (1194 units in total). The first and third author initially met for two hours to code a small subset of the data (20 units) and in order to refine and make initial revisions to the coding manual. These two authors then independently coded the entire remaining dataset with the percentage agreement of 89.5% and Cohen’s Kappa (Cohen, 1960) coefficient of,  $k = .85$ ,  $p = .000$ , indicating *almost perfect* agreement between the raters using Landis and Koch’s (1977) general descriptors. In order to resolve discrepancies the second author then rated those units that were not agreed upon by the first two raters (Syed & Nelson, 2015). The first and third authors then met again for a period of five hours to make final alterations to the coding manual, with the benefit of the third-party resolution ratings. Hence, the process of coding the vignette response data was an iterative one, combining both top-down and bottom-up approaches (Braun & Clarke, 2006). Example items coded as metacommunicative statements by virtue of referencing the immediate dynamics in the room are: “I feel dismissed and put down when you say that”; “would you be able to tell me what you are feeling right now?; “by sharing your emotions with me right now, how you really feel, I actually feel the most connected to you”; and “you seem very angry with me”. Examples of items that were coded as not being metacommunicative included: “we’re just trying to find strategies that can help you”; “you’ve had so many changes over time and this just feels like it always happens to you”; “it seems to me like this is upsetting you more as it has happened a few times.”; and “I can understand that this is unexpected and might feel unfair to you”. The proportion of metacommunicative

statements was calculated by dividing the total number of metacommunication responses by the total grammatical unit responses. A copy of the coding manual is available in Appendix Y.

**Statistical analyses.** Data was analyzed using SPSS Statistics Software (version 25). Firstly, the analyses were conducted to determine whether there were any practice effects for participants who completed two vignette tasks compared with those who completed only one in terms of post-online-training willingness ratings, self-efficacy, and proportion of metacommunicative statements in vignette responses. This involved a series of independent *t* tests. Secondly, a series of Analyses of Variance (ANOVAs) were employed to investigate possible order of presentation effects and time (pre- vs post-training) changes in willingness, self-efficacy, and the proportion of metacommunicative statements used. Thirdly, a binomial logistic regression analysis was conducted to explore whether a number of baseline factors were able to predict those participants who elected to enroll in the Supervisory Intervention and those who did not. Finally, a second series of ANOVAs investigated changes in willingness and self-efficacy ratings throughout the course of the whole study.

## **5.3 RESULTS**

At entry into the study, the mean frequency rating of the use of metacommunication in supervision was 2.12 out of 10 (*SD* = 0.54), as measured by the Metacommunication in Supervision Questionnaire (MSQ)

### **5.3.1 Vignette practice effects**

Firstly, analyses were conducted to investigate whether there were any practice effects for participants who completed two vignette tasks compared with those who completed only one. A series of independent *t* tests were used to explore whether participants who completed both pre- and post-training vignettes (*n* = 51) differed from those who completed only a post-training vignette (*n* = 50) on willingness to use metacommunication in supervision, self-



efficacy in using metacommunication with clients and, proportion of metacommunication units to total grammatical units in response to the post-training vignette. The Shapiro-Wilk statistics were non-significant on all tests, indicating that the assumption of normality was met. Further, Levene's test was non-significant in all tests, thus equal variances can be assumed. The  $t$  test was not significant for both willingness to use metacommunication in supervision,  $t(99) = -0.15, p = .88$ , self-efficacy to use metacommunication with clients,  $t(99) = 0.19, p = .85$  and proportion of metacommunicative statements,  $t(98) = -0.53, p = .58$  (for metacommunication statements one participant's responses were not recorded due to technical issues). This indicates that there was no evidence of a vignette task practice effect on all dependent variables at post-test.

### **5.3.2 Order of vignette presentation effects and pre- vs. post-training effects**

In order to test for potential vignette order effects a 2 x 2 factorial analysis of variance (ANOVA) was conducted with vignette presentation order (1 vs 2, 2 vs 1) and time (pre- vs. post-online-training). With participants' self-efficacy to metacommunicate with clients as the dependent variable there was no significant interaction effect,  $F(1,48) = 0.00, p = .94$  and no significant main effect for order of vignette presentation,  $F(1,48) = 1.00, p = .32$ . There was a significant main effect for time,  $F(1,48) = 16.07, p < .001$ . The mean self-efficacy rating pre-online-training was 6.30 ( $SD = 1.77$ ) and the mean rating immediately following the online training was 7.13 ( $SD = 1.42$ ). The main effect for time indicates self-efficacy improved from pre-to-post training.

A second factorial 2x2 ANOVA was conducted to investigate whether order of vignette presentation and time impacted participants' willingness to metacommunicate with their supervisor. There was no significant interaction effect,  $F(1,48) = 0.98, p = .33$  and no significant main effect for order of vignette presentation,  $F(1,48) = 0.33, p = .60$ . A significant main effect of time was observed,  $F(1,48) = 8.95, p < .01$ . The mean willingness

rating pre-online-training was 2.98 ( $SD = 0.49$ ) and the mean rating immediately following the online training was 3.08 ( $SD = 0.59$ ). The main effect for time indicates willingness to use metacommunication in supervision increased from pre-to-post training.

A third 2 x 2 factorial ANOVA was used to examine the effect of the order of vignette presentation and time on the proportion of metacommunicative statements utilized in the vignette response exercise. There was no significant interaction effect,  $F(1,48) = 0.01, p = .90$  and no significant main effect for order of vignette presentation,  $F(1,48) = 0.45, p = .50$ . There was a significant main effect for time,  $F(1,48) = 13.01, p < .01$ . The mean percentage of metacommunicative responses at pre-online-training was 6.30 ( $SD = 1.77$ ), compared with 7.13 ( $SD = 1.42$ ) at post-online-training. The main effect for time suggests that the proportion of metacommunicative statements in the vignette responses increased from pre-to-post training.

### **5.3.3 Participation in the Supervisory Intervention**

A binomial logistic regression analysis was conducted to explore the impact of pre-online training frequency of metacommunication in supervision, post-online-training willingness and self-efficacy to metacommunicate as well as participants' years of mental health experience and number of years with their current supervisor on whether they enrolled in the Supervisory Intervention aspect of the study. Correlations between these variables are presented in Table 5.2. Due to significant correlations between some predictor variables, the multicollinearity assumption was examined using VIF collinearity statistics. The multicollinearity assumption was not violated. A test of the full model versus a model with intercept only was statistically significant,  $\chi^2(5) = 11.86, p < .05$ . Post-online-training willingness was the only significant predictor of whether or not participants enrolled in the Supervisory Intervention (see Table 5.3).

Table 5.2.

*Correlations between Variables in the Binomial Logistic Regression (N = 101).*

	1.	2.	3.	4.	5.	6.
1. Enrolment in SI	-					
2. Years with supervisor	-.12	-				
3. Years in mental health	-.10	.72**	-			
4. Pre frequency of MC in Sup	.12	.11	.18	-		
5. Post willingness to use MC in Sup	.28**	.08	.16	.38**	-	
6. Post self-efficacy	-.08	.31**	.37**	.25*	.17	-

*Notes: Enrolment in SI = decision whether or not to enrol in the Supervisory Intervention*

*(Yes/No); Pre frequency = pre-online-training mean frequency as measured by the Frequency subscale of the Metacommunication in Supervision Questionnaire; Post willingness to use MC in Sup = post-online-training mean willingness as measured by the Willingness subscale of the Metacommunication in Supervision Questionnaire; Post self-efficacy = post-online-training mean self-efficacy to use metacommunication with clients.*

\* =  $p < .05$

\*\* =  $p < .01$

### **5.3.4 Changes in willingness and self-efficacy in relation to completing supervision intervention**

Two 3x2 ANOVAs were conducted to examine whether participants' (1) willingness to metacommunicate in supervision and (2) self-efficacy to use metacommunication with clients changed differentially dependent on whether they completed the supervisory intervention exercise. The ANOVAs tested for the effect of both time (pre-online-training, post-online-training and follow-up) as well as training undertaken (online only vs. online and

Table 5.3.

*Predictor Coefficients for the Model Predicting Electing to Participate in the Supervisory Intervention*

	<i>b</i>	<i>SE (b)</i>	<i>p</i>	<i>Exp(B)</i>
Constant	-2.09			
Years with supervisor	-0.09	0.27	0.61	0.91 [0.64, 1.30]
Years in mental health	-0.04	0.07	0.61	0.97 [0.84, 1.10]
Pre frequency	0.20	0.44	0.65	1.22 [0.52, 2.90]
Post willingness	1.03	0.38	0.01	2.81 [1.32, 6.00]
Post self-efficacy	-0.13	0.15	0.36	0.88 [0.66, 1.16]

*Notes: Pre frequency = pre-online-training mean frequency rating; Post willingness = post-online-training mean willingness rating; Post self-efficacy = post-online-training mean self-efficacy rating.*

supervisory intervention). The 96 participants who completed the entire study were included within these analyses. It is important to note that for the purpose of these analyses, the 12 participants who indicated intention to complete the supervisory intervention but did not actually complete are counted in the *online only* group.

For the analysis of willingness, a Greenhouse-Geisser correction was applied as the sphericity assumption was violated. There was no significant interaction  $F(1,94) = 1.93$ ,  $p = .15$ . A significant main effect of time was observed,  $F(1,94) = 10.39$ ,  $p < .01$  as was a main effect for training undertaken,  $F(1,94) = 11.80$ ,  $p < .01$ . The means and standard deviations are depicted graphically in Figure 5.3.

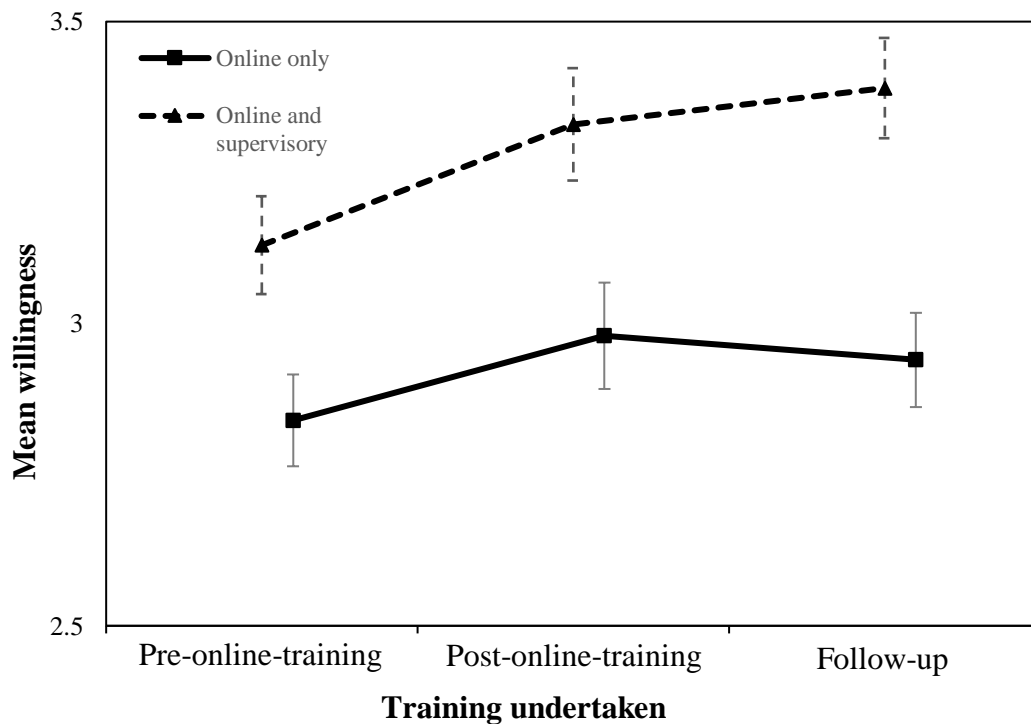


Figure 5.3. Means and standard deviations for participant willingness to metacommunicate in supervision across time and for training undertaken.

This indicates that for both conditions there were increases in willingness over time. In addition, those in the online and supervisory training condition commenced with higher levels of willingness (as might be expected by the actual completion of the supervisory component). Bonferroni-corrected pairwise comparisons revealed that, across the two training conditions, mean willingness ratings were higher at post-online-training ( $M = 3.14$ ,  $SD = 0.65$ ) and follow-up ( $M = 3.15$ ,  $SD = 0.60$ ), compared with pre-online-training ( $M = 2.98$ ,  $SD = 0.56$ ) willingness (both  $p < .01$ ). There was no significant difference between mean willingness ratings from post-training to follow-up.

For self-efficacy to use metacommunication with clients, a Greenhouse-Geisser correction was also applied as the sphericity assumption was violated. No significant interaction was observed,  $F(1,94) = 1.43$ ,  $p = .243$ . A significant main effect of time was

observed,  $F(1,94) = 59.42, p < .01$ , however there was no main effect for training undertaken,  $F(1,94) = .018, p = .89$ . The means and standard deviations are depicted in Figure 5.4.

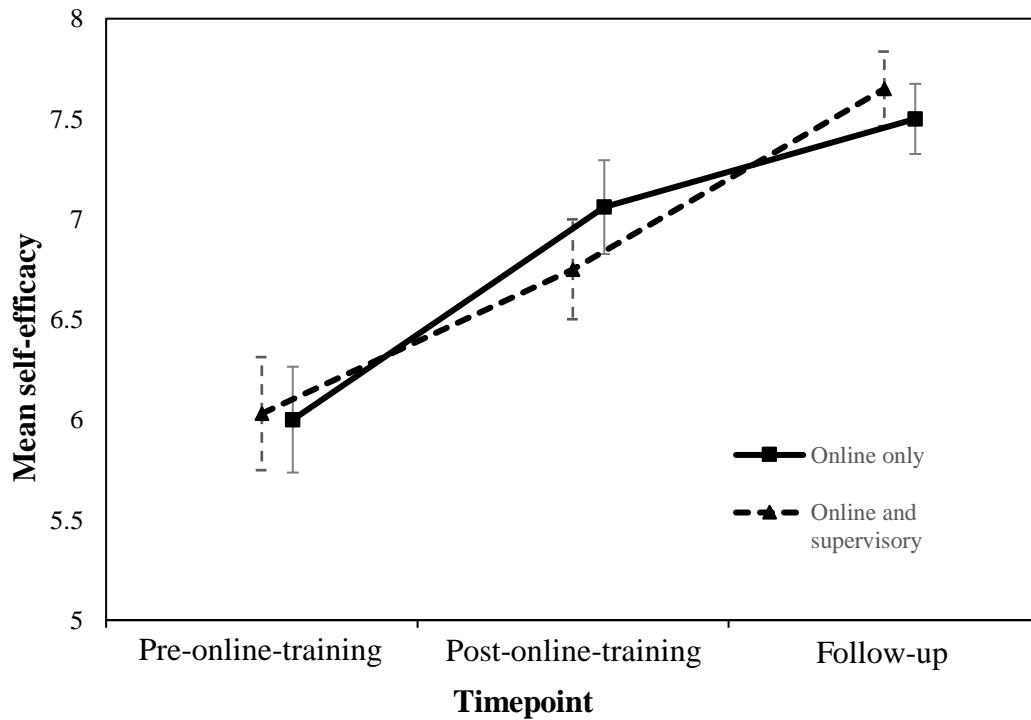


Figure 5.4. Means and standard deviations for participant self-efficacy for using metacommunication with clients across time and for training undertaken.

This indicates that for both conditions there were increases in self-efficacy over time. Bonferroni-corrected pairwise comparisons revealed that, across the two training conditions, mean self-efficacy ratings were higher at post-online-training ( $M = 6.91, SD = 1.67$ ) and follow-up ( $M = 7.57, SD = 1.25$ ), compared with pre-online-training ( $M = 6.01, SD = 1.88$ ) self-efficacy. Self-efficacy was also significantly higher at follow-up compared with post-online-training (all pairwise comparisons were significant at  $p < .01$ ). This suggests that self-efficacy to use metacommunication with clients continued to increase over the six-week period following the online training.

## 5.4 DISCUSSION

This study aimed to examine participants' experiences of an online training tool in metacommunication (a didactic training approach) as well as a supervisory intervention in which metacommunication was employed with the supervisor (an experiential approach). The impact of the training tool was measured by changes in willingness to use metacommunication in supervision, self-efficacy to employ metacommunication with clients and the proportion of metacommunicative strategies used in a vignette-response task. The outcome of the Supervisory Intervention was explored at 6-week follow-up by asking participants about their willingness to use metacommunication in supervision and their self-efficacy using metacommunication in their work with clients.

After ruling out the potential impact of vignette practice and order of presentation effects, it was found that participants reported significantly higher mean ratings for willingness to metacommunicate in supervision as well as self-efficacy to use metacommunication with their clients after completing the online training. Further, participants showed a significantly higher proportion of metacommunicative statements in their post-training vignette response task compared with the pre-training task. The study design suggests that improvement in the proportion of metacommunication statements (skill) was unlikely to be due to just practice effects. The study lacked a control condition so causal statements about the effectiveness of the training cannot be made. However, it appears that improvements in confidence and willingness to use metacommunication in addition to increases in metacommunicative statements in response to video vignettes coincided with completion of training.

Interestingly, the choice to enroll in the Supervisory Intervention aspect of the study was not predicted by the number of years the supervisee had been seeing their current supervisor, the supervisee's number of years of experience in mental health work, the

frequency of metacommunication use in supervision reported at baseline, or self-efficacy to use metacommunication with clients as measured at post-online-training. Perhaps unsurprisingly, participants' willingness to engage in metacommunication in supervision after completing the online training, was a very strong predictor of whether or not they enrolled in the Supervisory Intervention.

The observed increase in willingness from pre- to post-online-training was retained at six-week follow-up. While those who elected to engage in the Supervisory Intervention reported higher willingness ratings from the outset, a trend was observed whereby those who completed this experiential exercise in supervision showed a slight increase in willingness after participating in the intervention. Participants who only completed the online training (and not the supervision intervention) showed a declining trend in their willingness at 6-week follow-up.

Thus, doing the online training was associated with increased willingness and this increased willingness at the end of training was associated with actual participation in the experiential supervision exercise. Further, those who did the experiential exercise showed a trend toward increasing willingness (in contrast to those who did not partake in the supervision intervention).

For self-efficacy there was an increase from pre- to post-online-training, and self-efficacy continued to rise and was higher again at follow-up. This pattern did not differ between participants who had completed the online training module or both the training module and the Supervisory Intervention. It is possible that continued increase in self-efficacy for using metacommunication in therapy may be because the participants began experimenting with using metacommunication with clients after completing the training. It may also be that participants were already utilizing metacommunication with clients and felt more confident in using these interventions following training.



Taken together, these results suggest the combination of educational presentation and modelling of metacommunication as seen in the online training tool may be sufficient to improve supervisees' self-efficacy in using metacommunication with clients. These findings somewhat align with Hess et al. (2006) in the sense that in their study, three different methods of developing psychologist's skills in responding to angry clients were found to be equally effective in terms of participants' anxiety, self-efficacy and use of metacommunication. However, Hess et al. examined the impact of supervisor-directed (yet didactic/instructional) training, self-training through reflective writing and biblio-training, and did not specifically examine an experiential in-supervision component. In the study conducted by Spangler et al. (2014), self-efficacy was rated highest after practice and this was followed by instruction with lowest self-efficacy ratings for modelling. In the current study, we observed an increase in self-efficacy following instruction and modelling (online tool) but a larger increase at 6-week follow-up, irrespective of whether or not the participant had engaged in the Supervisory Intervention. It is possible that the 6-week follow-up period allowed participants to practice employing metacommunication skills contributing to improved self-efficacy over time.

Several methodological limitations must be considered in interpreting these findings. Firstly, this study lacked an experimental control group, which would be a useful inclusion in future research. The use of an attentional control condition perhaps offering training in an unrelated skill domain would help rule out potential expectancy bias. These results are also lacking in information about how the observed increases in self-efficacy to use metacommunication actually translates in the therapy room (i.e., in terms of appropriate use with clients and potential changes to clinical outcomes or client retention following an alliance rupture as a result of metacommunication). This limitation also extends to the vignette response task used in this study. While this task allowed for measurement of observable change in participant's ability to construct and employ metacommunicative

statements, the use of text based responses does not provide information on the appropriate delivery of the metacommunication and the response of the client, which have been shown to be important considerations in other studies (Hill et al., 2014a; Kasper et al., 2008). Future research could consider the potential role of cultural and racial identity in supervisees' perceptions of the use of metacommunication in supervision. Hill and Gupta's (2018) qualitative analysis revealed that cultural considerations are highly relevant in the supervisee's experiences of metacommunication in supervision. This was particularly evident in the case example of Chin Ho (pseudonym), a doctoral student of Asian background being paired with Dr F, a Caucasian male, where metacommunication occurred in the context of differences in the cultural backgrounds of the supervisee and supervisor.

The study shows promising preliminary results of offering training in metacommunication. There were a large number of participants who were recruited and willing to complete the training program. There were significant improvements in willingness to try metacommunication in clinical supervision and confidence in being able to use these skills in therapy with clients. Responses to video vignettes suggested this confidence was also reflected in skills in making metacognitive statements at least with regard to greater production of such statements. Further, the increased willingness at the end of training was associated with a greater likelihood of engaging in exercises in clinical supervision to practice metacommunication. This opens the door to better developing metacommunication skills in supervisees through the experience of using metacommunication in the supervision relationship. Although supervisees indicated that they had increased confidence at 6-week follow-up, it remains for future research to determine whether these metacommunication skills are actually utilised in therapy with clients. In addition, much more needs to be learned about the most effective ways to use the supervision experience to develop metacommunication skills.

## **CHAPTER SIX: STUDY 5**

### **Supervisees' experiences of a metacommunication intervention in clinical supervision**

This chapter is currently under review as a manuscript. Minor modifications were made to this published paper to conform to the thesis review process.

Calvert, F. L., Deane, F. P. & Barrett, J. (2019b). *Supervisees' experiences of a metacommunication intervention in clinical supervision*. Manuscript submitted for publication.

## 6.1 INTRODUCTION

*Metacommunication* (Kiesler, 1988) is the therapeutic skill in which the therapist and client engage in a here-and-now discussion about the relational processes between them.

Different terms have been used interchangeably in the literature to describe this practice (Hill & Gupta, 2018), including *immediacy* (Hill et al., 2014a) and *process comments* (Teyber & McClure, 2011). Research has suggested that metacommunication may be used to develop a therapeutic alliance, to reinforce boundaries in the therapy relationship, to address ruptures in the therapeutic relationship, and to provide a model for clients to manage interpersonal exchanges (Berman et al., 2012; Hill et al., 2008; Kuutmann & Hilsenroth, 2011; Mayotte-Blum et al., 2012). Further, metacommunication may enhance clients' awareness of interpersonal patterns and provide a corrective relational experience in therapy (Hill et al., 2014a; Kiesler, 1996; Teyber & McClure, 2011).

The supervisory relationship may provide a space for experiential learning for relationally-based therapeutic strategies like metacommunication (Calvert et al., 2016; Hill & Gupta, 2018; Hill & Knox, 2009; Kaslow & Bell, 2008; Orchowski et al., 2010). The use of metacommunication in supervision provides an opportunity for the supervisee to observe and then practice these skills within the supervisory relationship. This supports the development of these techniques so they can then be transferred to their work with clients (Calvert et al., 2016). A small number of studies have investigated the presence of metacommunication in supervision. Hill and Gupta (2018) conducted semi-structured interviews with 18 supervision dyads to explore supervisor and supervisee experiences of metacommunication within supervision. Qualitative analysis of the interview data resulted in four key themes. First, metacommunication was sometimes not used and the relationship dynamics remained unprocessed. By contrast, metacommunication was sometimes used to monitor or negotiate the conditions of the supervisory relationship. Third, metacommunicative dialogue was used

to draw parallels between therapy and supervision. Finally, metacommunication was sometimes used to resolve relationship ruptures in supervision.

Calvert, Deane and Grenyer (2018) developed the Metacommunication in Supervision Questionnaire (MSQ) based on the themes identified by Hill and Gupta (2018). The MSQ was used to quantify the frequency of different types of metacommunication in supervision, from the supervisee perspective. A total of 129 supervisees completed the MSQ. There was general concordance between supervisee ratings of their own willingness and their perception of their supervisor's willingness to use various forms of metacommunication in supervision.

Metacommunication to manage disagreement or discomfort occurred less often than metacommunication about general aspects of the supervisory relationship (such as discussing whether supervision is meeting the supervisee's needs and talking about the terms of the supervisory relationship). More frequent metacommunication that involved managing disagreement or discomfort in the supervisory relationship was significantly associated with more years spent working with the current supervisor

While metacommunication of different forms is clearly present in supervision, the impact of the purposeful metacommunication within the supervisory relationship is relatively unexplored. One study described the effects of the purposeful engagement in reflective dialogue about the relational processes in a previous supervision session amongst seven supervisory dyads (Hill, Crowe & Gonsalvez, 2016). Each dyad participated in a reflective dialogue intervention which was prompted by both participants watching a video of their most recent supervision session and then engaging in an open conversation about the relational processes and dynamics observed in the video. Supervisors and supervisees then responded to written prompts that encouraged them to reflect on the perceived impacts of this supervisory intervention. Thematic analysis of participants' individual reflections revealed a range of perceived impacts of participating in the intervention. These included: greater depth, breadth

and completeness of reflection in supervision; drawing attention to process issues in supervision; facilitating discussion of supervisory roles and responsibilities; strengthening the bond or trust in the supervisory relationship; increased openness and transparency in supervision; and increased supervisee confidence. Supervisors and supervisees also noted perceived barriers and risks to taking part in the protocol, which included: the observation that the exercise was valuable but time consuming; difficulties with technology; and that anxiety and discomfort were experienced, even though the intervention was seen as being worthwhile. Participants were also prompted to reflect on whether any anticipated or intended changes to their therapy or supervisory practice emerged from engaging in the protocol. Changes to supervisory practice dominated responses with the following themes: an increase in the focus on supervisee feelings; responses and countertransference as a therapist; a decrease in the use of a didactic or directive approach in supervision; increased willingness to engage in active learning strategies in supervision; greater willingness to discuss goals/needs and provide feedback in supervision; and an increased attention to the process of supervision. It is important to note that while Hill et al.'s (2016) study examined the use of a purposeful reflective conversation about the supervisory process, it did not prompt participants to do this in a here-and-now fashion since the conversation was based on discussing the processes observed in a video of a previous supervision session.

The aim of the present study was to examine participants' experiences of a supervisory intervention where metacommunication was employed with the supervisor. The intervention involved the supervisory dyad entering a purposeful discussion of the processes at play in the current supervision session. This was part of a larger study (Calvert, Deane, & Barrett, 2019a), where participants first completed an online training tool consisting of lecture information and role play demonstrations of the use of metacommunication in therapy. The tool also provided information about the potential uses of metacommunication in supervision,

including experiential learning of the skill. Participants' self-efficacy to use metacommunication with their clients, the level of metacommunication used in vignette-responses to a simulated client, and their willingness to use metacommunication in supervision were assessed pre- and post-completion of the online tool as well as at 6-week follow-up. See Calvert et al. (2019a) for the outcomes of this study.

Participants were also given the option to undertake an experiential metacommunication exercise with their supervisor, following completion of the online training tool. The supervisory intervention involved having a direct conversation with their supervisor about the processes occurring within the supervision relationship. Participants who undertook this supervision also completed a reflective writing task after the supervision session, designed to elicit feedback about their experience and perceptions of the supervisory intervention. The results of the supervisory intervention are presented in this paper.

## **6.2 METHOD**

### **6.2.1 Participants**

In the broader study (Calvert et al., 2019a) there were 101 participants comprising students in professional psychology training programs and qualified practitioners in psychology who were all currently receiving individual clinical supervision. Following completion of the online training tool, participants were given the opportunity to undertake the additional supervisory intervention. A total of 41 (40.59%) participants indicated that they did not wish to undertake the supervisory intervention. Of these 41 participants, 6 reported that they personally did not want to do the intervention in supervision, 10 reported that the reason for non-participation was due to their belief that their supervisor wouldn't want to do the intervention, and 16 indicated that their non-participation was due to not having supervision scheduled within the next six weeks (an inclusion criteria). Nine participants

selected “other” for their reason to decline. A total of 60 participants indicated their intention to participate in the supervisory intervention.

Of those who completed the supervisory intervention (46 females and two males), a total of 31% of participants listed an undergraduate degree as their highest level of qualification and 69% indicated that they held a postgraduate degree in psychology.

Participants had a mean age of 32.29 years ( $SD = 9.62$ ). Approximately 81% of participants identified Cognitive Behavioral Therapy, as their dominant theoretical orientation followed by Psychodynamic (8%), Existential/Humanistic (2%), Family Systems (2%) and 6% listed their primary theoretical orientation as ‘other’. The average time spent working in mental health was 4.17 years ( $SD = 4.00$ ) and the average number of years spent with the current primary supervisor was 1.03 ( $SD = 1.30$ ).

### **6.2.2 Procedure**

Participants were recruited for the broader study through several methods: emails to participants who had completed a previous study and indicated that they wished to be informed of future research participation opportunities; emails to professional contacts; advertisements through relevant professional bodies; and face-to-face recruitment through two University psychology training clinics. Supervisees wishing to participate in the study were asked to email the research team to express their interest.

To be eligible to participate in the supervisory intervention, participants needed to have an individual supervision scheduled within the 6-week period between completing the online tool and the follow-up. Following completion of the online training tool, those participants who indicated their interest in taking part in the supervisory intervention were asked to provide their postal address and were mailed instructions and a sealed envelope containing the prompts. The intervention required participants to set aside the final 15 minutes of a supervision session to engage in a reflexive conversation with their supervisor. This



conversation was guided by six prompts that the supervisee was asked to read aloud and discuss with their supervisor. These prompts were based on suggestions proposed by Hill et al. (2016) for reflective dialogue in supervision (see Table 1). Participants were instructed that they were free to choose between opening the envelope before the supervision session or during the intervention (it was emphasized that the latter would likely promote a more spontaneous interaction).

Table 6.1.

*Prompts provided for the supervisory intervention*

---

1.	What was helpful to the supervisee in this supervision session today?
2.	What were our intentions in the session today and did we connect in those
3.	intentions?
	Were there things that either of us held back from saying or discussing in this
4.	session, whether it be intentional or unintentional?
	Did either of us have concerns or anxieties about the content discussed, the
5.	supervision process or the supervision relationship?
	(If this supervision session focused on therapy case material): Were there any
6.	parallels between our interactions in supervision and those we are observing in
	therapy?
	What could we do differently in future supervision sessions to better meet the needs
	of the supervisee?

---

The participants were asked to complete a written reflection exercise as soon as possible following the supervision intervention. This was delivered in the form of an online survey. Firstly, participants answered two questions regarding the context of the

implementation of the exercise: 1) On what date did you do the supervisory intervention (given in day/month/year format); and 2) When did you open the sheet of paper containing the prompts? (rated either a. *before the supervision session* or b. *during the supervision session*). Participants then answered six open-response reflective questions regarding their experiences of the Supervisory Intervention (outlined in Table 2). Finally, participants answered a multiple choice question: *Reflecting on your experience of the supervisory intervention, how willing would you be to use metacommunication again in supervision?* (rated from 1: *not at all willing*, to 4: *very willing*).

Table 6.2.

*Post-supervision reflection questions*

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1.	What new understandings do you have about your <i>supervision</i> as a result of this intervention?
2.	Do you think your <i>supervision</i> will change as a result of the metacommunication experience? If so, how?
3.	What new understandings do you have about your <i>therapy practice</i> as a result of this intervention?
4.	Do you think your <i>therapy practice</i> will change as a result of the metacommunication experience you had in supervision? If so, how?
5.	What was challenging about participating in the supervisory intervention?
6.	What would you do differently to make this intervention more useful?

---

All participants were contacted six weeks following the online training module to undertake a follow-up survey which 96 (95%) participants completed. Following completion of the follow-up survey, all participants received a \$20 Gift Card. Individuals who completed

the supervisory intervention received an additional \$40 Gift Card. This project underwent ethical review and was approved by the University of Wollongong Human Research Ethics Committee (HE2017/405).

### 6.2.3 Data Analysis

Supervisees' responses ranged from one-word answers through to 202 words. Responses to questions 1 to 5 were subjected to thematic analysis. The process of qualitative data analysis adhered to the six-phase process established by Braun and Clarke (2006) for thematic analysis. This process began with the first and second author independently immersing themselves in the data through multiple readings of the full dataset. An *inductive* approach was utilized in analysing the data. The first author assigned initial codes to the responses and the third author then independently reviewed the coded data, applying the codes identified by the first author. Overall, this resulted in a percentage agreement of 78.11%. In order to determine the rate of agreement between the two raters, Cohen's Kappa (Cohen, 1960) coefficient was calculated for the text extracts on supervision, therapy and challenges. For the responses related to supervision, *almost perfect* agreement between the raters was observed (Landis & Koch, 1977),  $k = .82, p < .01$ . *Substantial* agreement (Landis & Koch, 1977), was observed for responses relating to therapy,  $k = .67, p < .01$ , and to challenges in engaging in the intervention,  $k = .76, p < .01$ .

## 6.3. RESULTS

Regarding when the envelope of prompts was opened, 15 participants reported that they elected to open it prior to the supervision session, while 33 participants reported that they opened the envelope of prompts during the supervision session. In terms of willingness to engage in metacommunication again in supervision, the mean willingness rating was 3.65 (out of 4;  $SD = 0.64$ ). The results of the thematic analyses are presented below. An independent  $t$  test indicated that there was no significant difference in the mean willingness rating for

participants who opened the envelope prior to the supervision session and those who opened the envelope during the session,  $t(46) = -.82$ ,  $p = .41$ .

### **New understandings of and possible changes to supervision**

In analysing the participants' responses to new learning and potential changes to their supervision, four key themes emerged: seeing the value of metacommunication in supervision, becoming comfortable metacommunicating in supervision, hearing previously unspoken insights from supervisor, and strengthening the supervisory bond. Eight participants indicated that they did not believe their supervision would change significantly after participating in the intervention. Five of these participants offered reasons, with three stating that they already use metacommunication in supervision, one expressing that they would likely "fall back into old patterns quite quickly" in supervision, and one explaining that they are broadly dissatisfied with their supervisor's lack of openness and do not believe this will change.

**Theme One: Seeing the value of metacommunication in supervision.** Over half of the participants (52.08%) wrote about seeing the value of using metacommunication to talk about the functions and processes of supervision. Some participants spoke about the supervisory intervention leading to a new appreciation for the role of reflection within supervision, for example, "Through using metacommunication, it has given me the perspective of using supervision as reflective process in and of itself, as opposed to just reflecting on my work with clients". A number of participants seemed to feel that participating in the intervention gave them permission to broaden the scope of what is attended to in supervision. One participant wrote, "The questions provided an opportunity for reflection. Both parties became aware that they have been refraining from discussing certain issues which they felt were beyond the scope of the supervision frame". Another explained, "I have learned that in my current supervision, there is a scope for more discussion about the supervisory relationship and for more reflective practice". Several participants reflected on how the supervisory intervention promoted a new

level of openness in supervision. One participant reflected, “My supervisor and myself have different thoughts that were not spoken about, unintentionally and intentionally. The prompts allowed the unspoken spoken”. The intervention also seemed to help some supervisory dyads to identify current issues in the process of supervision and prioritise positive change, for example, “The supervision has not been fulfilling intentions and questions like the ones provided can help change this”. Another participant wrote,

Consideration of the process in supervision was beneficial in opening a dialogue about how supervision is going and whether my needs as a supervisee were being met. It helped us make some plans to tweak supervision to be more effective.

Over half (56.25%) of the participants expressed an intention to have more metacommunicative conversations or engage in regular reflection about the process of their supervision. Some participants indicated a desire to continue to reflect on their experiences of communication in supervision, for instance, “I'd like to take time to reflect on what I am holding back and/or feel uncomfortable talking about in supervision and why - this feels like an important way to grow as a therapist”. Others wrote about using metacommunication in supervision to address future stuck-points or confusion, for example, “...will lead to more open communication in the future when I feel there are things that need to be addressed regarding the supervisory process, and I have a better understanding of why my supervisor says certain things so it will make me feel less confused”. A number of participants indicated an intention to repeat the use of the prompts to continue to have metacommunicative encounters in supervision, for example,

We both talked about how having this discussion and going through the questions has paved the way for a deeper level of supervision. My supervisor has asked me to let her know if at any time I don't feel like the supervision is meeting my needs and she has said she will prompt me to explore my feelings

within our sessions and will push a little if she thinks I am holding back (we were able to reflect on an earlier session when she did this and how it felt for her and for me). We also think that we will use these questions again from time to time at the end of our supervision sessions

**Theme Two: Becoming comfortable metacommunicating in supervision.** Some participants (10.42%) wrote about how participating in the intervention improved their comfort in communicating openly with their supervisor. One participant expressed, “[I learned] that I actually feel very comfortable opening up with my supervisor”. Another said, “[I learned] to not be afraid of opening up fully to the supervisor, less consideration of impression management”. Four participants wrote about how engaging in the intervention led to a discovery that their supervisor was open to metacommunication in supervision. One participant expressed “[I learned] that my supervisor is quite open to discussing here and now aspects of our supervision relationship, and that she values this level of openness and disclosure in supervision”. Another wrote, “I realised that my supervisor is much more open to me saying things in sessions and supervision which I felt may be helpful. This helped reduced my anxiety around being 'right', or similar to her in my approach”. A number of participants (16.67%) said that as a result of the intervention, they felt more comfortable to use metacommunication in their supervision going forward. One participant wrote,

Yes, I think this was a good communication ice breaker to open us up to metacommunicating more regularly in supervision. I feel that this intervention was definitely a positive experience that helped both my supervisor and I to better understand and communicate with each other about our experiences in supervision. This is something that I feel is now more comfortable for us to talk about in our future supervision sessions following this intervention.

Another participant expressed that metacommunicating in supervision helped increase his/her comfort in speaking about anxiety and role issues in future supervision sessions,

I think it will become more self-reflective now that we've had a conversation about that i.e. my supervisor will feel more comfortable asking those questions and I'll feel more comfortable talking about what clients bring up in me and my own anxieties in working with clients and I think there's more awareness of my supervisor's dual role and how that plays into our supervision sessions.

**Theme Three: Hearing previously unspoken insights from supervisor.** Almost one third (31.25%) of participants wrote about the experience of hearing their supervisor's implicit thoughts as part of the supervisory intervention. Some participants spoke of hearing about their supervisor's intentions in supervision, for example, "He thinks ahead about what I need from supervision, as a clinician, to progress in my training" and "[I learned] that my supervisor finds she doesn't need to be directive in supervision but can often sit back and watch me as I self-supervise". One participant explained that this had a positive impact on the supervision relationship,

I learned that my supervisor thinks a lot about whether he is offering enough (tools, support, space, direction...) and when/how he might be able to offer more. I realised he thinks a lot more about our supervision sessions than I would have predicted! It was lovely to gain insight into his reflections on what his students may need and how he tries to meet these needs. It also affirmed that we have a wonderful working relationship and lots of shared aims with very open communication. I feel very thankful!

It seemed that having a more explicit understanding of the supervisor's intentions was helpful for supervisees, for example,

I learnt more about my supervisor's approach during supervision, and how she attempted to tailor her style of supervision to my level of readiness. She started with being more directive at the start of the internship (my first placement) to reduce my anxiety about settling in to the clinic, and subsequently taking a more reflective and less directive stance as I gained my confidence. I wouldn't have known about her intention in not providing reassurance later in the supervision process if not for the meta communication about her intentions.

Others reflected on their experience of hearing their supervisor disclose their own insecurities and anxieties, with many supervisees seeming to find this helpful. One participant explained, “My supervisor also shared her own anxiety that me asking these questions meant she wasn't doing enough in supervision, and then we were able to talk through how to make sure that supervision is meeting my needs”. Another participant said,

It was nice to be honest around how the interaction was occurring, and to hear some of my supervisor's reflections on what she felt she was holding back (for example I was surprised that she has her own insecurities around what she says and how she comes across to me).

Some participants noted that metacommunicating helped them to discuss the process of supervision openly in order to feel aligned with their supervisor. One participant said, “It was interesting to hear my supervisor's thoughts about my approach to supervision and also how we balance our time together. We both commented that our sessions are very supervisee-led”. Another expressed, “[I learned] that my supervisor really does want the best for me, and her thoughts were well aligned with mine. This provides me with a better framework to be able to raise any matter confidently”. Others spoke about how hearing their supervisor's thoughts about the supervisee's development was reassuring, for example, “It was helpful to hear my



supervisor's feedback regarding how I have been reflecting on my clients. It was helpful to hear a summary about the things that I am doing well” and “I was unsure if my supervisor thought I was doing a good job before the reflective questions. I now know they think I am competent and progressing well”.

**Theme Four: Strengthening the supervision bond.** Five participants wrote about the potential for metacommunication in supervision to enhance the supervisory bond. One participant said, “It could also strengthen the supervision relationship as the intervention prompted us to talk about it more than we usually would” and another wrote that, “It might contribute to increased trust and safety as a result of our willingness to do this exercise”. Three of these participants seemed to have already started feeling “closer” with their supervisor having participated in the intervention, with one noting, “It has deepened my connection with my supervisor” and another writing “I feel closer to my supervisor, and more comfortable to talk openly or admit to difficulties in the process”.

### **New understandings of and possible changes to therapy practice**

In analysing the participant responses to new learning and potential changes to their therapy practice, four key themes emerged: seeing the value of metacommunication in therapy, new learnings about how I work as a therapist, thinking more deeply about the therapy relationship, and noticing parallel processes in therapy and supervision. One participant indicated that they did not feel they had learned anything new about their therapy practice and three participants stated that they did not believe their therapy practice would change significantly after participating in the intervention.

**Theme One: Seeing the value of metacommunication in therapy.** Twenty three percent of participants indicated that after participating in the supervisory intervention, they perceived that using metacommunication with clients is a valuable therapeutic tool. As one participant stated, “Open discussion about the therapeutic relationship and dynamics within the

room can be a useful tool”. One participant mentioned that metacommunication may be helpful in improving the therapeutic bond: “Meta-communication can help you talk about awkward things and feel closer to patient, as you understand each other better”. Participants also expressed that metacommunication may be a useful therapeutic tool in terms of supporting new learning and change. One participant explained “Calling emotions and processes in-the moment are a valuable way to bring about new learning. The process of therapy is as influential as the content.” Another said, “[I have a] greater awareness of how metacommunication can facilitate building insight and change processes in the moment”.

Forty eight percent of the participants expressed an intention to incorporate metacommunication with their clients,

Yes, I am really going to try to pay attention to my own feelings in the session as they occur and be aware of the feelings of clients when I ask them questions on the spot (if it is appropriate to do so, I would like to be able to push a little if they are holding back, and explore the feelings they have in relation to the questions).

Some participants wrote about an intention to work on requesting more feedback about the client’s experiences in the therapy room and to use this to change their approach to therapy as needed. For example, one participant said, “I am going to be more Socratic with my client and ask their opinions on the therapeutic relationship and ask for feedback as to how I may be able to better meet their needs”. Another wrote, “I will definitely be inviting clients to a conversation about their therapy process, and creating the space for them to engage in this”. Some participants identified other intended functions of using metacommunication with their clients. For example,

Yes, I think I will be using metacommunication more in my sessions. I feel that this will enable me to create more effective relationships with my clients and

address any therapy-interfering processes that could also be happening for the client in their everyday life.

Others wrote about their intention to share more with their clients about their own experiences and perceptions of dynamics occurring in the therapy room. For example, “I feel I might be more inclined to take a step back during conversations with my clients and comment on the processes occurring between us in the room” and, “I think I will feel more willing to identify processes in the room as they happen”. A number of participants framed this as a two-way intention involving both themselves and their clients. For example, one participant said, “I hope that similarly to supervision, therapy will be increasingly more reflective and will allow both parties to express their thoughts about one another”. Three participants expressed an intention to utilize the specific prompts from the supervisory interventions as a starting point from which to develop similar questions to use with their therapy clients. For example, “There is certainly a parallel process involved - I may try adapting some of the supervision metacommunication questions for therapy with clients” and “I found the last question on the sheet quite good and might ask clients this at different points in therapy”.

Five participants indicated that participating in the supervisory intervention had increased their confidence to use metacommunication with clients. For example, one supervisee wrote, “I gained confidence in using metacommunication with my clients, and not shying away from using that to enhance the therapeutic process”. Another said,

Yes, I think I will become more confident with clients. We also discussed that I would have more of an independent role in therapy going forward. I hope that I will also be able to use a similar style of metacommunication with my clients, so that we can be honest and transparent with each other, which I see is so important for disclosure, learning and trust.

**Theme Two: New learnings about how I work as a therapist.** Twenty three percent of the participants wrote about new learnings about their style or practice as a therapist after undertaking the supervisory intervention. Some participants were able to reflect on something that they tend to struggle with in therapy, for example, “I sometimes feel vulnerable/uncomfortable in session with clients if I feel 'stuck' or unsure how to progress in session - if there is a curve ball” and “[I learned] that I find it difficult when something isn't working therapeutically with a client - I tend to attribute that lack of 'success' to personal factors, rather than considering external factors that can also explain why progress isn't being made in therapy”.

**Theme Three: Thinking more deeply about the therapeutic relationship.** One fifth of clients (20.83%) expressed that participating in the supervisory intervention led them to think more deeply about the processes at play in the therapy relationship. Some participants wrote about the importance of attunement to the finer details of clients' responses, for example, “[I learned] that there is often a reason behind everything that is said in a session, and that we must be attuned to what is being left out of a story and why” and,

[I learned] that being attuned to small details in the client are important. I often notice things and think they might not be important, but through discussing this with my supervisor I now have more confidence in my gut instincts, and see the critical role of reflecting on minor processes in formulation and treatment.

Approximately 16% of participants spoke about the importance of reflecting on the processes and dynamics occurring in the therapy room. One participant said, “I'm currently thinking more about the dynamics in the therapy (and supervision) room and how that might be playing out in clients/my life and/or other relationships. This intervention prompted more reflective thinking.” Another participant wrote,

The intervention has shown me an example of how useful it can be to reflect on the processes occurring in the room. For example, reflecting on whether we stuck to our intentions for supervision/sticking to an agenda in a therapy session.

**Theme Four: Noticing parallel processes in therapy and supervision.** Some participants (10.42%) wrote about parallels between the therapy and supervision contexts. A number of participants wrote directly about reflections on parallel process, for example, “I can see more of the parallel process that takes place between my clients and me and my supervisor and me” and “I hadn't thought to look for parallels between the supervision interaction and my therapy interactions”. One participant reflected on specific parallel process themes they had become aware of in participating in the supervisory intervention,

The reflections with my supervisor helped me to see some of the parallel processes that occur with my supervision and my sessions with clients. My supervisor noted two clients of mine who have a tendency to be 'nice' and 'agreeable', which are also traits that I share, and that my supervisor also shares. It was interesting to reflect on the ways in which this may stunt patients (and me!) at times, if we are subconsciously prioritising the need to be 'nice'.

### **Challenges and barriers to using the protocol**

Three themes emerged from the participant responses to the question about challenging aspects of the intervention: experiencing emotional discomfort, concern about the supervisor's responses, and timing issues. Two participantS indicated that they did not feel there was anything challenging about the supervisory intervention (e.g., “nothing, in my current situation but I could see it may be challenging if the supervisor wasn't willing to hear the experience of the supervisee”).

**Theme One: Experiencing emotional discomfort.** Just over one third of participants (35.42%) wrote about emotional discomfort associated with engaging with the supervisory intervention. Some participants wrote about initial discomfort and awkwardness, for example, “Having the confidence and getting past the initial uncomfortability that I felt about asking these questions” and “A little awkward at the beginning - likely because we are not used to communicating in this way! It became easier as we progressed”. Others mentioned feeling vulnerable and exposed to metacommunicate with their supervisor, for example, “Risking greater vulnerability. This is always challenging” and “I felt exposed/vulnerable in supervision answering some of the questions”. Several participants noted anticipatory anxiety and nervousness prior to undertaking the supervisory intervention (e.g., “Feeling nervous before the intervention” and “Anxiety ahead of time”). Several participants specifically mentioned the challenge in not looking at the prompts ahead of time, for example, “It was a personal challenge not to have a look at the questions beforehand, and to just sit with the spontaneity of the moment”. One participant seemed caught off guard by the nature of the prompts, “Not knowing what the questions would be in advance and how personal they would be”. Another participant referenced the fact that this was a novel task for them, “Some uncertainty and anxiety about completing the task as this was an area I was unfamiliar with”.

Three participants wrote about withholding information from their supervisor, for example, “Being honest with my supervisor regarding things that made feel anxious (i.e., supervisor running late to supervision). I avoided raising this”. Some participants specifically mentioned that question three in the prompt was particularly challenging: “The hardest part was choosing not to disclose a particular response to q3. I did have a concern I’ve been holding onto but not yet willing to share”. Similarly, one participant struggled with this prompt but found his/her supervisor’s response particularly helpful:

The part I found challenging was in response to Question 3 of the Reflective Questions re: communicating to my supervisor things that I have held back from saying or discussing. It was challenging for me to share with my supervisor that I had noticed/felt he was not happy with a part of my work at that one point of time. But my supervisor responded in a really good way when I communicated this to him. This was a positive experience.

**Theme Two: Concern about supervisor's responses.** A number of participants (18.75%) said that they felt concerned about their supervisor's responses to the intervention. This may be associated with the power imbalance inherent in the supervisory relationship (Gottlieb et al., 2007; Thomas, 2010). A number of participants wrote about apprehension about how their supervisor would respond, but that they were pleasantly surprised, for example,

Possibly some fears around how my supervisor would react to it, and if she would be open to the intervention. As much as some of it felt like I had to push myself to share more, I was happy with the outcome and made me realise that I have more capacity to share about my feelings than I already do!

Some participants specifically cited the power differential in supervision as a challenging aspect engaging in the supervisory intervention, for example one participant wrote,

Being open and vulnerable in a situation where there is an unequal power dynamic can be difficult and unsure of the reaction of the supervisor to these comments. However, this was ultimately insightful and collaborative in my case with my supervisor

One participant reflected on how the main challenge he/she experienced was concern about "sounding stupid in front of my supervisor".

**Theme Three: Timing issues.** Some participants (10.42%) identified timing issues as a challenge associated with engaging in the supervisory intervention. One participant said, "I

felt that there was not enough time to thoroughly reflect on 6 questions in 15 minutes with both, my supervisor and I, sharing these reflections”. Similarly, another participant expressed “15 minutes to discuss the 6 questions was pressing due to the agreed supervision hour. My supervision hour is an hour/month”.

### **Suggested changes to the intervention**

Participants offered some rich suggestions as to how the supervisory intervention could be amended to make it more helpful to supervisees and supervisors. The suggested changes and examples of illustrative text are summarised in Table 3.

## **6.4 DISCUSSION**

This study aimed to explore supervisee’s experiences of a supervisory intervention in which metacommunication was employed with their supervisor. Overall, supervisees tended to respond positively to this intervention, with an average response of *quite willing* to *very willing* to engage in metacommunication again in supervision, following the intervention. Thematic analysis of the reflective written responses completed post-intervention revealed a rich array of supervisee experiences of the metacommunication exercise as well as anticipated/intended impacts and challenges of using the intervention. Participants also offered specific suggestions as to ways in which the tool might be improved for future use.

Similar to the results obtained by Hill et al. (2016), participants in the current study spoke of a range of perceived impacts on supervision after participating in the intervention. Many of the themes identified by Hill et al. mapped onto those identified in the current study, specifically: greater depth of reflection in supervision, attending to parallel process, discussion of supervisory roles, increased bond or closeness in the supervisory relationship, improved openness and transparency in supervision, and increased supervisee confidence.

Additionally, participants in the current study noted that this intervention increased their confidence to be open and transparent in supervision and signalled to them that their



supervisor was willing to engage in this way of working too. Another novel theme within the current sample centred on the experience of hearing the supervisor's previously unspoken insight, which seemed to have a significant impact on many supervisees. Specifically, participants reported: feeling clearer about the supervisor's intentions in supervision; experienced the normalisation of anxiety and insecurity through supervisors disclosing their own experiences of these feelings; feeling more aligned or on the same page as the supervisor; and feeling reassured to hear the supervisor's thoughts about the supervisee's development and progress.

The themes identified in the responses of the current sample were also largely aligned with those in the study by Hill et al. (2016) in terms of anticipated or intended changes to supervision following the intervention. Similar to the sample in Hill et al., the participants in the current study noted the following anticipated changes in supervision: greater attention to supervisee feelings in supervision and countertransference as a therapist; increased willingness to discuss goals/needs and provide feedback in supervision; and increased attention to the process of supervision. Further, participants' responses in this study aligned with those in Hill et al. with regard to perceived challenges or barriers of the intervention. Difficulties with timing and experiences of discomfort and anxiety were common concerns across both samples. The current sample strongly emphasised concerns about potential negative reactions from the supervisor and issues with power dynamics in supervision (although no one reported a negative experience with these issues). Difficulties with technology were prominent in the qualitative responses analyzed by Hill et al. The current study potentially overcame this obstacle to some degree as the intervention did not rely on the use of audio-visual equipment.

Table 6.3.

*Proposed changes to the supervisory intervention*

Proposed change	Illustrative text
Allow more time for the intervention	“Dedicate more than 15 mins to the intervention”.
Include supervisors more actively	“Perhaps split the questions between the supervisor and supervisee (e.g., three each) so the experience seems more equal and both parties hold/share some of the responsibility for reading the questions and some of the trepidation inherent in not knowing what the question is that is coming”.
Expand the content of the prompts for deeper reflection	“Maybe adding a question around what makes it hard to say the things that get left unsaid because that can then open up a conversation about trust and honesty and confidentiality, etc.”.
Consideration of timing of the intervention	

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	<p>“Having prior direction to prepare a client case that I was having difficulty with, to my supervisor. This may have assisted the metacommunication process to be elicited during our supervision session”.</p>
Change wording of prompts	<p>“I think it was a particularly uneventful supervision session. We have had other sessions where it would have been more useful”.</p>
Practice and repetition	<p>“Potentially consider those in situations where there is a power dynamic and framing the question in which there is less inclination to use blaming words (you) versus reflections about individual experiences (I)”.</p> <p>“Putting it into practice. Not leaving this as a once off intervention trial but rather applying the concept of metacommunication to the supervision sessions we have.</p> <p>“Perhaps a question regarding our reactions to the metacommunication questions or what we got out of the metacommunication intervention (meta-meta-communication)”.</p>

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“I think the intervention needs repeated use for these sort of conversations to become more comfortable and free-flowing”.

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A unique aspect of the current study was that participants were asked to reflect on potential impacts on therapy as a separate question. This resulted in a significant amount of data on participant's perceptions of the potential impact of the supervisory intervention on therapy specifically. Participants wrote about how the intervention led to an appreciation for the potential usefulness of metacommunication as a therapeutic intervention and almost half of the participants expressed an intention to work on incorporating metacommunication in their work with clients. Some participants expressed an increased intention to share their own experiences of the dynamics occurring in the therapy room with their clients. Reflecting the broader definition of metacommunication (Mayotte-Blum et al., 2012), others wrote about a desire to prioritise hearing clients' feedback about their experiences in the therapy room, and an intention to use this feedback to make changes to the process of therapy. A number of participants wrote about increased confidence to use metacommunication with clients, having participated in the intervention with their supervisor. Some also noted new learning about their role as a therapist, greater depth of reflection about the therapeutic relationship, and an enhanced awareness of parallel processes across therapy and supervisory contexts. These themes lend support to the notion that active strategies involving purposeful engagement with the supervisory relationship may offer a powerful experiential learning strategy that has the potential to impact supervisees' work with clients (Calvert et al., 2016; Hill & Gupta, 2018; Hill & Knox, 2009; Kaslow & Bell, 2008; Orchowski et al., 2010).

A number of methodological limitations must be considered in interpreting these findings. Firstly, it is important to note sample limitations and potential sampling bias issues. This survey included a very high proportion of female respondents as well as individuals identifying Cognitive Behavioural Therapy as their predominant theoretical orientation. Therefore, it is important to acknowledge that male psychologists and those practising within other therapeutic models may be underrepresented in the study. Further to this, the

participants of this branch of the broader study self-selected to take part in the supervisory intervention after undertaking didactic training in metacommunication. It is therefore quite possible that the participants in this study were more likely to be positively predisposed toward metacommunicating in supervision. This hypothesis is supported by a finding in the broader study (Calvert et al., 2019a) that post-online-training willingness was a significant predictor of whether or not participants enrolled in the supervisory intervention. Future research should also attend to the potential role of cultural and racial identity in the use of metacommunication in supervision. Hill and Gupta's (2018) qualitative analysis certainly revealed that cultural considerations are highly relevant in the supervisee's experiences of metacommunication in supervision. There is a need for clearer consideration of ethnic identity within the methodology of future studies. While issues of cultural differences did not emerge spontaneously from the data, it is possible that issues of power differentials in supervision and cultural identity may interact in impacting the supervisee's experience of metacommunicating in supervision. Future research could more explicitly explore participants' experiences of both power and culture within supervision and how these factors may intersect (Hernandez & McDowell, 2010; Markham & Chiu, 2011) and influence the levels of process-focused communication occurring within the supervision space.

While the results of the study indicate intended and anticipated changes to supervision and therapy following the supervisory intervention, these findings relate to supervisees' perceptions. Future research is needed to explore whether such changes actually do occur in supervision and therapy and if so, the duration of these practice changes. This study did not employ an experimental design and lacked a control group, which would be a useful inclusion in future research exploring potential impacts of the supervisory intervention. This study also did not include the perspective of supervisors. It would be useful to understand supervisors' perspectives on the use of metacommunication in their supervision, as well as to have the

opportunity to explore concurrence between dyads. Previous research has demonstrated that there can be discrepancies in the ratings of the supervision relationship by the supervisor and supervisee (Bilodeau et al., 2010; Locke et al., 2017) and similarly there may be differences in the experience of metacommunication.

The study shows promising preliminary results of the acceptability and perceived impacts of an experiential intervention involving the use of metacommunication in supervision. Participating supervisees offered a number of specific suggestions as to how this intervention could be improved and a number of participants indicated that they would continue to practice metacommunication in supervision, due to perceived benefits for the supervisory relationship, the therapy relationship and their development as a therapist.

## **CHAPTER SEVEN: CONCLUSIONS**



## **7.1 OVERALL SUMMARY AND FUTURE DIRECTIONS**

The aims of this thesis were:

1. To address a knowledge gap in the literature through exploring current practices in supervision regarding the development of relational competence (Study 1).
2. To understand supervisee and supervisor perceptions of the usefulness of proposed supervisory interventions for developing relational competence identified within the literature (Study 1).
3. To investigate whether perceptions and use of supervisory practices aimed at developing relational and reflective competencies are related to supervisor/supervisee theoretical orientation and measures of the supervisory relationship: working alliance, real relationship, and attention to parallel process (Study 1).
4. To examine perspectives on the relational competency amongst an Australian sample of practicing field supervisors within psychology. More specifically, to identify supervisors' views of relational competence in terms of definition and the behavioural markers they use in assessing supervisee progress (Study 2).
5. To examine the use of metacommunication in supervision from supervisees' perspectives in terms of the frequency of different types of metacommunication and willingness to use each type in supervision. Also, to explore the relationship between the nature of the supervision relationship and supervisees' perspectives on the use of metacommunication in supervision (Study 3).
6. To develop and explore the underlying factor structure of a measure of metacommunication in supervision (Study 3).

7. To examine participants' experiences of an online training tool in metacommunication (a didactic training approach) as well as a supervisory intervention in which metacommunication was employed with the supervisor (Study 4).
8. To examine participants' experiences of a supervisory intervention in which metacommunication was employed with the supervisor (Study 5).

## **7.2 INTEGRATION OF FINDINGS**

Taken together, these five studies have led to a number of findings in relation to the development of psychologists' relational competence, with particular focus on the skill of metacommunication.

1. Supervisors and supervisees report using a rich variety of interventions for the purpose of enhancing supervisees' relational competence, including direct instruction, journaling, supervisor modelling, Socratic questioning, reflexive dialogue, and the review of video and audio-recordings of therapy sessions in supervision. Supervisees and supervisors both identify Socratic questioning as the most frequently used supervisory intervention for the development of relational competence, while Interpersonal Process Recall (IPR) is rated as the least frequently used supervisory strategy.
2. Both supervisors and supervisees report a clear preference for the use of Socratic questioning, IPR, and thinking aloud in supervision, while journal writing is perceived to be the least useful strategy for enhancing relational competence, despite acknowledgement in the literature of its utility as a psychotherapist development tool (Orchowski et al., 2010; Osborn et al., 2007).

3. Theoretical orientation does not influence ratings of perceived usefulness or actual use of a range of supervisory interventions for enhancing relational competence. For supervisees, perceived usefulness and reported use of Socratic questioning as a supervisory intervention is positively associated with supervisory working alliance.
4. For supervisees, perceived usefulness of thinking aloud are positively associated with rapport in the supervisory relationship and actual use of this intervention was associated with both subscales of supervisory working alliance. The perceived usefulness and reported actual use of Socratic questioning are also positively associated with realism (the transference-free or undistorted aspect of the relationship). Actual use of reflexive dialogue was positively associated with rapport in the supervisory relationship. The perceived usefulness and reported use of this intervention were positively correlated with attention to isomorphism.
5. For supervisors, the perceived usefulness and actual use of Socratic questioning, as well as the perceived usefulness of thinking aloud are positively associated with the rapport and identification subscales of the supervisory working alliance. Supervisor ratings of the perceived usefulness and reported use of reflexive dialogue are positively correlated with attention to isomorphism, but are also associated with realism in the supervisory relationship. Supervisor ratings of the perceived usefulness of journal writing are positively associated with perceived identification with their supervisee (as measure by the SWAI-Supervisor) as well as attention to parallel process.
6. Australian field supervisors perceive a developmental trajectory of relational competence, beginning with basic listening skills (both verbal and non-verbal) and the ability to demonstrate empathy. As relational competence develops, supervisors look for demonstrations of the supervisee's increasing ability to manage difficult,

conflictual and complex therapy relationships across developmental stages. This includes an enhanced ability to use assertiveness and to set appropriate limits with clients at the expert level. The ability to receive feedback non-defensively as well as to recognise and understand relational data in the therapeutic relationship were viewed as markers of higher-level relational competence.

7. Supervisees report variability in the frequency of different forms of metacommunication in supervision. They most frequently engage in discussions around the extent to which their needs are being met in supervision, as well as differences in opinion with their supervisor and negotiation of the terms of supervision. In contrast, the least frequent forms of metacommunication utilised in supervision are around previously censored material and discussion of concerns around negative evaluation from the supervisor. Supervisees are comfortable regarding raising their needs and differences of opinion in supervision compared with low willingness to speak about things that may have previously been censored, concealed or unsaid in their supervisory relationship and to directly talk with their supervisor about perceptions of negative evaluation.
8. Factor analysis of the MSQ identified a two-factor structure underlying the 12 items. The first factor appears to relate to open communication about the general nature of the supervisory relationship whereas factor two relates to managing a difference of opinion or discomfort in the supervisory relationship. Factor one is rated as significantly more frequent in supervision compared with factor two. Correlations between these factors and measures of the quality of the supervisory relationship revealed that supervisory working alliance and real relationship are positively correlated with both factors. Metacommunication that involves managing

disagreement or discomfort in the supervisory relationship (factor 2 on the MSQ) is significantly related to the number of years spent working with the current supervisor.

9. The metacommunication online training tool developed for this thesis resulted in significantly higher supervisee ratings for willingness to metacommunicate in supervision as well as self-efficacy to use metacommunication with their clients. Further, participants showed a significantly higher proportion of metacommunicative statements in their post-training vignette response task compared with the pre-training task. The observed increase in willingness and self-efficacy from pre- to post-online-training was retained at six-week follow-up.
10. There was generally a positive response to the opportunity to engage in both the didactic and experiential supervisory metacommunication interventions. The choice to participate in the experiential intervention was not predicted by the number of years the supervisee had been seeing their current supervisor, the supervisee's number of years of experience in mental health work, the frequency of metacommunication use in supervision reported at baseline, or self-efficacy to use metacommunication with clients as measured at post-online-training. Perhaps unsurprisingly, participants' willingness to engage in metacommunication in supervision after completing the online training, was a significant predictor of whether or not they enrolled in the Supervisory Intervention.
11. Overall, supervisees who engaged in the metacommunication intervention in supervision tended to respond positively to the exercise, with an average response of *quite willing* to *very willing* to engage in metacommunication again in supervision, following the intervention. Thematic analysis of the reflective written responses completed post-intervention revealed a rich array of supervisee experiences of the metacommunication exercise as well as anticipated/intended impacts and challenges

of using the intervention. A number of specific suggestions were proposed by participants for improving this intervention for future use.

### **7.3 LIMITATIONS AND FUTURE DIRECTIONS**

There are a number of methodological limitations to be considered in examining the results of the studies constituting this thesis. Firstly, studies 1 and 2 involved a small number of participants and were conducted with an Australian sample, which poses some limitations to the generalisability of the findings. Throughout all studies, there was an over-representation of female psychologists and psychologists identifying Cognitive Behaviour Therapy as their dominant theoretical orientation. Although females are by far the greatest proportion of professional psychologists in Australia (79.9%; Psychology Board of Australia, 2018) they were over-represented in these studies. Therefore, it is important to acknowledge that male psychologists and those practising within other therapeutic models may be underrepresented in the findings of this thesis. Further, the thesis consisted of a homogenous sample with regard to participants' theoretical orientation (primarily CBT-focused) and limited attention to the potential role of cultural background and ethnic matching in supervision. Many of the participating supervisees across the studies were early-career psychologists (including psychologists-in-training). These limitations impact the generalisability of the findings of the thesis. Sampling bias issues are another potential limitation in this study, due to the reliance on self-selection bias in the recruitment methods employed.

It is also worth noting the potential bias that can arise in research due to the investigators' backgrounds. Research, particularly of an experiential and qualitative nature, is influenced by the values, beliefs and theoretical perspectives of the researchers (Willig, 2008). The primary investigator and author of this thesis studies and works within the paradigm of

clinical psychology, occupying roles of therapist, clinical supervisee and clinical supervisor. The primary researcher has brought her own experiences and assumptions to the development of the thesis, in terms of professional, personal, and broader cultural histories. Her own experiences and teachings around attention to process in supervision as a supervisee were pivotal in sparking her curiosity and passion for this research topic initially. She shares commonalities, identities and experiences with many of the participants in these studies. During data analyses, the process of reflexivity was used to ensure the primary researcher managed her own expectations and experiences. With regard to qualitative data analysis in particular, co-rating and auditing procedures were used so as to ensure the researchers were telling the story that participants presented, rather than seeing what they might have expected to see in the data from their existing experiences providing and receiving clinical supervision.

This thesis also lacked concurrence between supervisory dyads. That is, supervisee and supervisor perceptions were not based on matched dyads. Supervisee and supervisor perceptions on relational competence and supervisory processes were examined across the studies, yet it would be useful to investigate the level of concordance in their perceptions and experiences. Future research might include dyadic matching in order to explore congruence between supervisor and supervisee in their perceptions of supervisory strategies and their perceptions of the nature of the supervisory relationship.

The findings of Study 1 and Study 2 could be brought together in future research to investigate how supervisee developmental trajectories in relational competence may relate to readiness for particular supervisory strategies. In a similar vein, further exploration of how the nature of the supervisory relationship may create an appropriate climate for the use of particular strategies (especially experiential, metacommunicative interventions) in supervision may assist supervisory dyads in selecting timely and appropriate methods for developing relational competence.

There is clearly a need for future development and refinement of measures of metacommunication in supervision and the MSQ may provide an initial pool of items for further psychometric development. This would likely involve further iterations of feedback on the items (e.g., expert review, the use of focus groups) and broader administration of the measure to more closely examine reliability and applicability of the scale. Confirmatory factor analysis of the MSQ would be useful in corroborating the factors found for the MSQ in this study. Comparison of MSQ responses to more observational forms of measuring metacommunication in supervision (as noted above) could assist in further refining the scale.

Finally, it is imperative that future research investigates the actual comparative effectiveness of various supervision and training strategies in developing supervisee relational competence. Future studies could explore the use of metacommunication in supervision from the perspective of supervisors, but could also examine this in a more objective manner, such as through the use of video recordings and observer ratings. Although supervisees indicated that they had increased confidence in using metacommunication with clients after online-training and an experiential exercise in supervision, it remains for future research to determine whether these metacommunication skills are actually utilised in therapy with clients.

This consideration also extends to the vignette response task used in this study. While this task allowed for measurement of observable change in participant's ability to construct and employ metacommunicative statements, the use of text based responses does not provide information on the appropriate verbal delivery of the metacommunication and the response of the client, which have been shown to be important considerations in other studies (Hill et al., 2014a; Kasper et al., 2008). In summary, much more needs to be learned about the most effective ways to use the supervision experience to develop relational competence, including metacommunication skills.





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## **APPENDIX A- PUBLISHED MANUSCRIPT**

### **Dialogical reflexivity in supervision: An experiential learning process for enhancing reflective and relational competencies**

Calvert, F. L, Crowe, T. P & Grenyer, B. F. S. (2016). Dialogical reflexivity in supervision: An experiential learning process for enhancing reflective and relational competencies. *The Clinical Supervisor*, 35(1), 1-21. doi: 10.1080/07325223.2015.1135840

## Dialogical reflexivity in supervision: An experiential learning process for enhancing reflective and relational competencies

Fiona L. Calvert, Trevor P. Crowe, and Brin F. S. Grenyer

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### ABSTRACT

A competency approach to supervision focuses on knowledge, skill, attitude-value, and relationship competencies. There is a dearth of research regarding the purposeful engagement in the processes of the supervisory relationship to develop therapeutic relationship competencies, including reflective capabilities. We propose that the supervisory relationship may operate as a transformational learning forum to enhance relationship competencies that can be transferred into therapy. A purposeful approach of *dialogical reflexivity* is proposed, whereby supervisors use the immediacy of relational engagement within supervision to develop supervisee relational competence. The challenges and research directions for using the supervisory relationship for transformational learning are explored.

### KEYWORDS

Clinical supervisor;  
supervision; reflective  
practice; competence;  
reflexivity

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Calvert, FL, Crowe, TP & Grenyer, BFS 2016, 'Dialogical reflexivity in supervision: An experiential learning process for enhancing reflective and relational competencies', *Clinical Supervisor*, vol. 35, no. 1, pp. 1 -21.  
Available from doi: 10.1080/07325223.2015.1135840

## **APPENDIX B- PUBLISHED MANUSCRIPT**

### **An investigation of supervisory practices to develop relational and reflective competence in psychologists**

Calvert, F. L, Crowe, T. P & Grenyer, B. F. S. (2017). An investigation of supervisory practices to develop relational and reflective competence in psychologists. *Australian Psychologist*, 52, 467-479. doi: 10.1111/ap.12261



## **An Investigation of Supervisory Practices to Develop Relational and Reflective Competence in Psychologists**

Fiona L. Calvert,\* Trevor P. Crowe and Brin F. S. Grenyer

School of Psychology, University of Wollongong

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**Background:** Competency-based models of supervision acknowledge relationship, including reflective capacity, as foundational in professional psychology. However, current understandings of supervisory practices aimed at developing this competency are limited.

**Objective:** This study aimed to explore the practices used in supervision for the development of supervisee relational competence. These practices were also examined with reference to supervisor/supervisee theoretical orientation, as well as the nature of the supervisory relationship (including working alliance, real relationship, and attention to parallel process in supervision).

**Method:** A total of 45 supervisees and 41 supervisors participated in an online survey in which they rated the perceived usefulness and actual use of various supervisory interventions for the development of relational competence. Participants also provided qualitative responses regarding the methods used to develop relationship competence. Finally, respondents completed measures of supervisory working alliance, real relationship, and attention to parallel process in supervision.

**Results:** Ratings of supervisory methods and qualitative responses revealed a rich variety of interventions currently being utilised in enhancing supervisee relationship competence. Ratings of perceived usefulness and actual use of various supervisory interventions were not related to theoretical orientation. Finally, correlational analyses revealed multiple associations between the nature of the supervisory relationship and perceived usefulness and actual use of supervisory interventions for enhancing relational competence.

**Conclusion:** The results of this study have important implications for the practice of supervision and guiding directions of future research.

**Key words:** competencies; real relationship; reflective practice; relationship; supervision; working alliance.

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Article removed for copyright reasons, please refer to citation:

Calvert, FL, Crowe, TP & Grenyer, BFS n.d., 'An Investigation of Supervisory Practices to Develop Relational and Reflective Competence in Psychologists', *Australian Psychologist*, vol. 52, no. 6, pp. 467 -479.

Available from doi: 10.1111/ap.12261

## **APPENDIX C- PUBLISHED MANUSCRIPT**

### **Supervisor perceptions of relational competence: Core components and developmental considerations**

Calvert, F. L, Deane, F. P., Crowe, T. P & Grenyer, B. F. S. (2018). Supervisor perceptions of relational competence: Core components and developmental considerations. *Training and Education in Professional Psychology, 12*, 135-141. doi: 10.1037/tep0000194

## Supervisor Perceptions of Relational Competence: Core Components and Developmental Considerations

Fiona L. Calvert, Frank P. Deane, Trevor P. Crowe, and Brin F. S. Grenyer  
University of Wollongong

This study aimed to explore clinical supervisors' perspectives on the components of the relationship competency. The constituents of relational competence have been articulated by expert committees, and the present study sought to add to this literature through understanding these competencies from Australian field supervisors' perspectives. In the present study, supervisors were asked to provide relational competence definitions and specific behavioral markers they use in assessing supervisee competence within their supervision practice. They were then asked to describe the developmental trajectory of relational competence among their supervisees, ranging from novice to intermediate and expert stages. Similarities and notable differences between previous expert panels and the current sample were observed in comparing data on the development of relational competence. A unique aspect of this study is that compared with previous expert panels, the current sample greatly emphasized the ability to understand relational data in the moment and to speak directly about the therapeutic relationship with the client. The results of this study offer useful, in-depth descriptions of supervisee progress in the development of relational competence. Consideration of competence markers within a sequential trajectory offers a useful map for the ongoing development and evaluation of these abilities.

*Keywords:* competencies, relational competence, supervision

Article removed for copyright reasons, please refer to citation:  
Calvert, FL, Deane, FP, Crowe, TP & Grenyer, BFS 2018, 'Supervisor perceptions of relational competence: Core components and developmental considerations', *Training & Education in Professional Psychology*, vol. 12, no. 3, pp. 135 -141.  
Available from doi: 10.1037/tep0000194

## **APPENDIX D- PUBLISHED MANUSCRIPT**

### **Supervisee perceptions of the use of metacommunication in the supervisory relationship**

Calvert, F. L., Deane, F. P., & Grenyer, B. F. S. (2018). Supervisee perceptions of the use of metacommunication in the supervisory relationship. *Psychotherapy Research*. Advance online publication. doi: 10.1080/10503307.2018.1524169.



## Supervisee perceptions of the use of metacommunication in the supervisory relationship

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*(Received 18 March 2018; revised 27 August 2018; accepted 7 September 2018)*

### Abstract

**Objective:** This study examined the use of metacommunication in supervision from supervisees' perspectives. **Method:** A total of 129 supervisees completed the Metacommunication in Supervision Questionnaire-MSQ, a measure devised for the purpose of this study to explore the frequency and willingness to use various forms of metacommunication in clinical supervision. Measures of the nature of the supervisory relationship (also from the supervisee's perspective) were taken to explore whether a relationship exists between the nature of supervision and supervisees' perspectives on the use of metacommunication. **Results:** There was general concordance between supervisee ratings of their own willingness and their perception of their supervisor's willingness to use various forms of metacommunication in supervision. There were significant differences in the reported frequency with which the different types of metacommunication are actually used. A factor analysis elicited a two-factor structure underlying the MSQ and significant correlations with measures of the nature of the supervision relationship were observed. It appears that metacommunication around difficult or uncomfortable feelings in the supervisory relationship occurs less often than other components of metacommunication. **Conclusion:** Future research needs to further validate the MSQ and assess whether the frequency of metacommunication in the supervisory relationship is related to metacommunication in supervisees' psychotherapy with clients.

**Keywords:** supervision; metacommunication; supervisory relationship; real relationship; isomorphism

**Clinical or methodological significance of this article:** Metacommunication is an important therapeutic skill to be utilized with thoughtfulness and care. This study explored the use of metacommunication within the supervision relationship, and proposes that supervision may offer a useful experiential learning space for the development of this clinical skill in supervisees. The findings demonstrated that supervisees report variability in the frequency with which different forms of metacommunication are used in supervision. The use of metacommunication was significantly correlated with measures of the nature of the supervisory relationship as well as the length of time spent working with the current supervisor, but not with years of experience working in mental health. The results of this study represent useful considerations for supervisees and supervisors regarding the use of metacommunication in supervision. This study also highlights the need for more in-depth research into this area of supervision and training.

Article removed for copyright reasons, please refer to citation:  
Calvert, FL, Deane, FP & Grenyer, BFS 2018, 'Supervisee perceptions of the use of metacommunication in the supervisory relationship', *Psychotherapy Research: Journal Of The Society For Psychotherapy Research*, pp. 1 -11.  
Available from doi: 10.1080/10503307.2018.1524169

**APPENDIX E – ETHICS APPROVAL CONFIRMATION FOR ALL  
STUDIES**

APPROVAL LETTER

In reply please quote: HE14/492

12 February 2015

Dr Trevor Crowe  
iiMH, Building 22  
University of Wollongong

Dear Dr Crowe,

Thank you for your response dated 28 January 2015 to the HREC review of the application detailed below. I am pleased to advise that the application has been approved.

Ethics Number: HE14/492

Project Title: An investigation of supervisory practices to develop reflective and relational competence in psychologists: The experiences and perceptions of supervisors and supervisees

Researchers: Dr Trevor Crowe, Professor Brin Grenyer, Ms Fiona Calvert

Approval Date: 12 February 2015

Expiry Date: 11 February 2016

The University of Wollongong/Illawarra Shoalhaven Local Health District Social Sciences HREC is constituted and functions in accordance with the NHMRC *National Statement on Ethical Conduct in Human Research*. The HREC has reviewed the research proposal for compliance with the *National Statement* and approval of this project is conditional upon your continuing compliance with this document.

Approval by the HREC is for a twelve month period. Further extension will be considered on receipt of a progress report prior to expiry date. Continuing approval requires:

- The submission of a progress report annually and on completion of your project. The progress report template is available at <http://www.uow.edu.au/research/ethics/human/index.html>. This report must be completed, signed by the researchers and the appropriate Head of Unit, and returned to the Research Services Office prior to the expiry date.
- Approval by the HREC of any proposed changes to the protocol including changes to investigators involved
- Immediate report of serious or unexpected adverse effects on participants
- Immediate report of unforeseen events that might affect continued ethical acceptability of the project.

If you have any queries regarding the HREC review process, please contact the Ethics Unit on phone 4221 3386 or email [rso-ethics@uow.edu.au](mailto:rso-ethics@uow.edu.au).

Yours sincerely

Associate Professor Melanie Randle  
**Chair, UOW Social Sciences  
Human Research Ethics Committee**

**From:** irma-support@uow.edu.au  
**To:** [fc161@uowmail.edu.au](mailto:fc161@uowmail.edu.au)  
**Cc:** [Brin Grenyer](#); [RSO Ethics](#)  
**Subject:** HREC Approval of Application 2017/018  
**Date:** Wednesday, 8 February 2017 3:37:18 PM

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Dear Miss Calvert,

I am pleased to advise that the application detailed below has been **approved**.

Ethics Number: 2017/018

Approval Date: 07/02/2017

Expiry Date: 06/02/2018

Project Title: The development of an observer-rating measure of relationship competence for the clinical training of psychologists.

Researchers: Calvert Fiona;  
Grenyer Brin

Documents Approved: Initial UOW HREC Application 02/12/2016  
Response to review received 02/02/2017  
Participant Information Sheet 02/12/2016  
Consent Form 02/12/2016  
Recruitment email 02/12/2016  
Measures 02/12/2016

Sites:

Site	Principal Investigator for Site

University of Wollongong	Brin Grenyer
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The HREC has reviewed the research proposal for compliance with the *National Statement on Ethical Conduct in Human Research* and approval of this project is conditional upon your continuing compliance with this document. Compliance is monitored through progress reports; the HREC may also undertake physical monitoring of research.

Approval is granted for a twelve month period; extension of this approval will be considered on receipt of a progress report prior to the expiry date. Extension of approval requires:

- The submission of an annual progress report and a final report on completion of your project.
- Approval by the HREC of any proposed changes to the protocol or investigators.
- Immediate report of serious or unexpected adverse effects on participants.
- Immediate report of unforeseen events that might affect the continued acceptability of the project.

If you have any queries regarding the HREC review process or your ongoing approval please contact the Ethics Unit on 4221 3386 or email [rso-ethics@uow.edu.au](mailto:rso-ethics@uow.edu.au).

Yours sincerely,

Dr Susan Thomas,

**Chair, UOW & ISLHD Health and Medical Human Research Ethics Committee**

*The University of Wollongong and Illawarra and Shoalhaven Local Health District Health and Medical HREC is constituted and functions in accordance with the NHMRC National Statement on Ethical Conduct in Human Research. The processes used by this HREC to review multi-centre research proposals have been certified by the National Health and Medical Research Council.*

## HREC Approval of Amendment to Application 2017/405



irma-support@uow.edu.au

To Frank Deane

Cc Fiona Calvert; Brin Grenyer; rso-ethics@uow.edu.au



7/31/2018

Dear Professor Deane,

I am pleased to advise that the amendment request submitted on 19/07/2018 to the application detailed below has been **approved**.

Ethics Number:	2017/405
Amendment Approval Date:	31/07/2018
Expiry Date:	<b>24/09/2018</b>
Project Title:	An investigation of a supervisory intervention to promote metacommunication skills in psychology trainees.
Researcher/s:	Calvert Fiona; Grenyer Brin; Deane Frank
Documents Approved:	Participant Information Sheet & Consent Form Phase 2 v2 - 19/07/2018
Amendments Approved:	<ul style="list-style-type: none"><li>• Removal of measures of SWAI, Isomorphism &amp; Real Relationships from training module (Phase Two)</li><li>• Random allocation of participants to one of two conditions for completing the online module</li><li>• Additional measure of self-efficacy (SEIm)</li><li>• Change in metacommunication prompts</li><li>• Additional follow-up session</li></ul>

The HREC has reviewed the research proposal for compliance with the *National Statement on Ethical Conduct in Human Research* and approval of this project is conditional upon your continuing compliance with this document. Compliance is monitored through progress reports; the HREC may also undertake physical monitoring of research.

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The HREC has reviewed the research proposal for compliance with the *National Statement on Ethical Conduct in Human Research* and approval of this project is conditional upon your continuing compliance with this document. Compliance is monitored through progress reports; the HREC may also undertake physical monitoring of research.

Please remember that in addition to submitting proposed changes to the project to the HREC prior to implementing them the HREC requires:

- Immediate report of serious or unexpected adverse effects on participants.
- Immediate report of unforeseen events that might affect the continued acceptability of the project.
- The submission of an annual progress report and a final report on completion of your project.

If you have any queries regarding the HREC review process or your ongoing approval please contact the Ethics Unit on 4221 3386 or email [rso-ethics@uow.edu.au](mailto:rso-ethics@uow.edu.au).

Yours sincerely,

Associate Professor Emma Barkus,  
**Chair, UOW & ISLHD Social Sciences Human Research Ethics Committee**

*The University of Wollongong and Illawarra and Shoalhaven Local Health District Social Sciences HREC is constituted and functions in accordance with the NHMRC National Statement on Ethical Conduct in Human Research.*



## APPENDIX F- RECRUITMENT EMAIL FOR STUDY ONE

This is an example recruitment email approved by ethics which was sent to members of the professional body *The Australian Clinical Psychology Association*.

Dear Listserve,

I am writing to invite you to participate in a study on clinical supervision. The study is being conducted by researchers at the University of Wollongong as part of my PhD.

We are looking for pairs of supervisors and supervisees to take part in the research. If you choose to participate, you will be invited to complete an online survey of your supervisory practices relating to reflective and relational competencies. You will be asked to answer questions regarding your perceptions of the nature of your supervisory relationship. We anticipate that the survey will take approximately 20-30 minutes to complete.

It is hoped that this research will contribute to current understandings of supervisory processes. Reflective and relational competencies have been deemed foundational aspects of the training and work of psychologists, yet methods of developing these competencies are poorly understood at present.

If you are interested in participating, please follow the below links to the online questionnaire:

If you are the participating supervisor: [WEB LINK](#)

If you are the participating supervisee: [WEB LINK](#)

**IMPORTANT:** We ask that you also forward this email to the supervisor or supervisee you would like to invite to participate in the study with you. If you both provide and receive supervision, please select one of these roles as a participant and send this email to the other person in that dyad (e.g., if you are participating as a supervisor, please send this email to ONE of your supervisees).

You will be asked to create and enter a unique code to begin the survey. Please pass this code on to the other member of your supervisory relationship so that we can match your data.

Thanks and kind regards,

Fiona Calvert.

## APPENDIX G – RECRUITMENT EMAIL FOR STUDY TWO

This is an example recruitment email approved by ethics which was sent to members of the professional body *The Australian Clinical Psychology Association*.

Dear Listserve,

I am writing to invite you to participate in a study about developing a measure for assessing relational competence in practitioners. The study is being conducted by researchers at the University of Wollongong as part of my PhD.

We are looking for supervisors with **at least 5 years of experience in supervising** to take part in the research. If you choose to participate, you will be invited to complete an online survey which will take approximately 10-15 minutes to complete. You will have the option to go into the draw to win a \$200 VISA gift voucher at the end of the study.

If you are interested in participating, please follow the below link to the online questionnaire. Please do not hesitate to contact me if you have any questions about this study.

[\*WEB LINK\*](#)

Thanks and kind regards,

Fiona Calvert.

## **APPENDIX H – RECRUITMENT EMAIL FOR STUDY THREE**

This is an example recruitment email approved by ethics which was sent to members of the professional body *The Australian Clinical Psychology Association*.

Dear colleague,

I am writing to invite you to participate in a study about metacommunication within psychological supervision. The study is being conducted by researchers at the University of Wollongong as part of my PhD.

We are looking for supervisees to take part in an online survey. It is anticipated that this will take approximately 10-15 minutes to complete. You will have the option to redeem a \$20 Coles Myer gift voucher at the end of the survey.

If you are interested in participating, please follow the below link to the online questionnaire. Please do not hesitate to contact me if you have any questions about this study.

[\*WEB LINK\*](#)

Thanks and kind regards,

Fiona Calvert.

## APPENDIX I – RECRUITMENT EMAIL FOR STUDY FOUR

This is an example recruitment email approved by ethics which was sent to members of the professional body *The Australian Clinical Psychology Association*.

Dear colleagues,

I am conducting research into metacommunication in psychological supervision. Metacommunication is a clinical skill for processing the therapeutic relationship openly with clients. However, we are interested to find out whether people are doing this/are open to trying this out in their supervision relationship. The study is being conducted by researchers at the University of Wollongong as part of my PhD.

We are looking for supervisees (currently engaged in a supervision relationship) to take part in our study, which involves:

1. Participating in an online training module on metacommunication. This module involves information about and role play demonstrations of the use of metacommunication with clients. This would take about 30-40 minutes to complete and could be used for CPD points. You will receive a \$20 Coles Myer voucher if you participate in the online training module.
2. OPTIONAL: If you partake in the online training module, you also have the opportunity to participate in an optional branch of our study, which involves trying out a brief metacommunication task in supervision. This would take about 10-15 minutes at the end of a supervision session. You will receive an additional \$40 Coles Myer voucher if you participate in the supervision task and complete the follow-up questions about your experience.

If you would be interested in participating in the study, please send me a reply email so that I can set you up with a Participant ID and relevant materials. Please do not hesitate to contact me if you have any questions about this study.

Thanks and kind regards,

Fiona Calvert.

## **APPENDIX J - STUDY ONE PARTICIPANT INFORMATION AND CONSENT FOR SUPERVISORS**

This PIS and Consent page appeared at the beginning of the online survey. The check box had to be ticked in order for the participant to progress to the survey items.



Dear sir/madam,

Thank you for your interest in the study.

**TITLE:** An investigation of supervisory practices to develop reflective and relational competence in psychologists: The experiences and perceptions of supervisors and supervisees.

**PURPOSE OF THE RESEARCH:** This is an invitation to participate in a study conducted by researchers at the University of Wollongong. The purpose of the research is to investigate current practices used in supervision to enhance supervisee reflective and relational competence.

**INVESTIGATORS:**

Trevor Crowe	Fiona Calvert	Brin Grenyer
Principal Investigator	PhD Candidate	Co-supervisor
tcrowe@uow.edu.au	fcalvert@uow.edu.au	grenyer@uow.edu.au
(02) 4221 3147	(02) 4221 5624	(02) 4221 3474

**RESEARCH PROCEDURES:** If you choose to participate, you will be asked to complete an online survey of your supervisory practices relating to reflective and relational competencies. Sample questions include: 1. *Please outline the methods you use in supervision to enhance your supervisees' relationship competence*; 2. *Please outline the methods you use in supervision to enhance your supervisees' reflective capacity*.

You will also be asked to answer questions regarding your perceptions of the nature of your supervisory relationship. Example questions include: *Please rate on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree): 1. My trainee works with me on specific goals in the supervisory session; 2. The relationship between my supervisee and me is strengthened by our understanding of one another*. There are five parts to the survey and we anticipate that it will take approximately 20-30 minutes to complete.

**BENEFITS OF THIS RESEARCH:** It is hoped that this research will contribute to current understandings of supervisory processes. Reflective and relational competencies have been deemed foundational aspects of the training and work of psychologists, yet methods of developing these competencies are poorly understood.

**POSSIBLE RISKS/ DISCOMFORT:** We do not anticipate that participating in this research carries risks of distress. If you do experience distress, you will be invited to contact one of the following services for support:

Lifeline: 24-hour telephone referral and support service, 13 11 14

Beyond Blue: 24-hour telephone referral and support service, 1300 22 4636

**PRIVACY AND CONFIDENTIALITY:** We would appreciate if you would forward this email to colleagues to invite them to participate in the study. We would like to request that you don't discuss the study verbally in supervision sessions. Your participation in this study is entirely confidential and your data will only be identified by a code created by you. Therefore, your responses will not be able to be matched with those of your supervisor. **IMPORTANT:** while we ask that you pass on a link to your survey on to your supervisee or other colleagues to allow them the opportunity to participate also, we stress that their choice to participate is to remain confidential (i.e., your supervisee is not expected to disclose to you whether or not he or she chose to participate also).

This study has been reviewed by the Human Research Ethics Committee (Social Science, Humanities and Behavioural Science) of the University of Wollongong. If you have any concerns or complaints regarding the way in which this research is being conducted, please contact the University of Wollongong Ethics Officer on (02) 4221 4457.

**PARTICIPATION AND CONSENT:** Your participation in this study is entirely voluntary. There is no obligation for you to consent to participate in this study. You are also free to withdraw previously given consent at any stage of the study if you so choose. Choosing not to participate or withdrawing consent will not affect your relationship the Human Research Ethics Committee (HREC) or the University of Wollongong. If you have any questions about the study, please contact Trevor Crowe or Fiona Calvert as per the contact details above.

*By checking the box below, you are acknowledging that you have read the above information and have had the opportunity to ask the researchers any further questions you may have via email to the primary investigator. You are also consenting to participating in the online survey as well as for your de-identified data to be published in an academic journal and used for a PhD thesis. You are also indicating that you are aware that you can contact the University of Wollongong Ethics Officer on (02) 4221 3386 or at [rso-ethics@uow.edu.au](mailto:rso-ethics@uow.edu.au) if you have any concerns or complaints regarding the way in which the research is conducted.*

☐ **I consent to participate**

## **APPENDIX K - STUDY ONE PARTICIPANT INFORMATION AND CONSENT FOR SUPERVISEES**

This PIS and Consent page appeared at the beginning of the online survey. The check box had to be ticked in order for the participant to progress to the survey items.





Dear sir/madam,

Thank you for your interest in the study.

**TITLE:** An investigation of supervisory practices to develop reflective and relational competence in psychologists: The experiences and perceptions of supervisors and supervisees.

**PURPOSE OF THE RESEARCH:** If you choose to participate, you will be asked to complete an online survey of your supervisory practices relating to reflective and relational competencies. You will also be asked to answer questions regarding your perceptions of the nature of your supervisory relationship. There are five parts to the survey and we anticipate that it will take approximately 20-30 minutes to complete.

#### **INVESTIGATORS:**

Trevor Crowe

Fiona Calvert

Brin Grenyer

Principal Investigator

PhD Candidate

Co-supervisor

tcrowe@uow.edu.au

fcalvert@uow.edu.au

grenyer@uow.edu.au

(02) 4221 3147

(02) 4221 5624

(02) 4221 3474

**RESEARCH PROCEDURES:** If you choose to participate, you will be asked to complete an online survey of experiences in supervision relating to the development of reflective and relational competencies. Sample questions include: 1. *Please outline the methods you and your supervisor use in supervision to enhance your relationship competence*; 2. *Please outline the methods you and your supervisor use in supervision to enhance your reflective capacity*.

You will also be asked to answer questions regarding your perceptions of the nature of your supervisory relationship. Example questions include: *Please rate on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree): 1. My supervisor works with me on specific goals in the supervisory session; 2. The relationship between my supervisor and me is strengthened by our understanding of one another*. There are five parts to the survey and we anticipate that it will take approximately 20-30 minutes to complete.

**BENEFITS OF THIS RESEARCH:** It is hoped that this research will contribute to current

understandings of supervisory processes. Reflective and relational competencies have been deemed foundational aspects of the training and work of psychologists, yet methods of developing these competencies are poorly understood.

**POSSIBLE RISKS/ DISCOMFORT:** We do not anticipate that participating in this research carries risks of distress. If you do experience distress, you are invited to contact one of the following services for support:

Lifeline: 24-hour telephone referral and support service, 13 11 14

Beyond Blue: 24-hour telephone referral and support service, 1300 22 4636

**PRIVACY AND CONFIDENTIALITY:** We would appreciate if you would forward this email to colleagues to invite them to participate in the study. We would like to request that you don't discuss the study verbally in supervision sessions.

Your participation in this study is entirely confidential and your data will only be identified by a code created by you. Therefore, your responses will not be able to be matched with those of your supervisor. **IMPORTANT:** while we ask that you pass on a link to your survey on to your supervisor or other colleagues to allow them the opportunity to participate also, we stress that their choice to participate is to remain confidential (i.e. your supervisor/colleague is not expected to disclose to you whether or not he or she chose to participate also).

This study has been reviewed by the Human Research Ethics Committee (Social Science, Humanities and Behavioural Science) of the University of Wollongong. If you have any concerns or complaints regarding the way in which this research is being conducted, please contact the University of Wollongong Ethics Officer on (02) 4221 4457.

**PARTICIPATION AND CONSENT:** Your participation in this study is entirely voluntary. There is no obligation for you to consent to participate in this study. You are also free to withdraw previously given consent at any stage of the study if you so choose. Choosing not to participate or withdrawing consent will not affect your relationship the Human Research Ethics Committee (HREC) or the University of Wollongong. If you have any questions about the study, please contact Trevor Crowe or Fiona Calvert as per the contact details above.

*By checking the box below, you are acknowledging that you have read the above information and have had the opportunity to ask the researchers any further questions you may have via email to the primary investigator. You are also consenting to participating in the online survey as well as for your de-identified data to be published in an academic journal and used for a PhD thesis. You are also indicating that you are aware that you can contact the University of Wollongong Ethics Officer on (02) 4221 3386 or at [rso-ethics@uow.edu.au](mailto:rso-ethics@uow.edu.au) if you have any concerns or complaints regarding the way in which the research is conducted.*

☐ **I consent to participate**

## **APPENDIX L - STUDY TWO PARTICIPANT INFORMATION AND CONSENT**

This PIS and Consent page appeared at the beginning of the online survey. The check box had to be ticked in order for the participant to progress to the survey items.



UNIVERSITY  
OF WOLLONGONG  
AUSTRALIA

Thank you for your interest in the study.

**TITLE:** The development of an observer-rating measure of relationship competence for the clinical training of psychologists.

**PURPOSE OF THE RESEARCH:** This is an invitation to participate in a study conducted by researchers at the University of Wollongong. The purpose of the research is to develop an observer-rating measure of relationship competence for the clinical training of psychologists.

**INVESTIGATORS:**

<b>Trevor Crowe</b>	<b>Fiona Calvert</b>	<b>Brin Grenyer</b>
Principal Investigator	PhD Candidate	Co-supervisor
tcrowe@uow.edu.au	fcalvert@uow.edu.au	grenyer@uow.edu.au
(02) 4221 3147	(02) 4221 5624	(02) 4221 3474

**RESEARCH PROCEDURES:** If you choose to participate, you will be asked to complete an online-based survey. The aim of the survey will be to explore and define the construct of relational competence in psychological practice. You will first be asked to provide basic demographic details, followed by open-response questions regarding the definition of relational competence, developmental stages of the competence, and behavioural markers of relational competence. You will also be asked to rank order different behavioural markers of relational competence taken from the literature, in terms of their importance. It is anticipated that this will take 10-15 minutes to complete. At the end of the questionnaire, you will have the option to enter a draw to win a \$200 VISA gift voucher.

**BENEFITS OF THIS RESEARCH:** An observer-measure for relational competence in practising psychologists does not currently exist within the literature and is required for research into the effectiveness of supervisory interventions for the purpose of developing supervisee relational competence.

**POSSIBLE RISKS/ DISCOMFORT:** We do not anticipate that participating in this research carries risks of distress. However, in the unlikely event of distress, you will be invited to contact one of the following services for support:

Lifeline: 24-hour telephone referral and support service, 13 11 14  
Beyond Blue: 24-hour telephone referral and support service, 1300 22 4636

**PRIVACY AND CONFIDENTIALITY:** Your participation in this study is entirely confidential. Your data will be identified a code that you create. Your responses in the survey will not be able to be matched with the contact details you provide should you wish to enter the prize draw. This study has been reviewed by the Human Research Ethics Committee (Social Science, Humanities and Behavioural Science) of the University of Wollongong. If

you have any concerns or complaints regarding the way in which this research is being conducted, please contact the University of Wollongong Ethics Officer on (02) 4221 4457.

**PARTICIPATION AND CONSENT:** You are free to refuse to grant permission for participation in this study or, having consented, to withdraw your consent at any stage of the study. Refusing to participate or withdrawing consent will not affect your relationship the Human Research Ethics Committee (HREC) or the University of Wollongong. If you have any questions about the study, please contact Trevor Crowe or Fiona Calvert as per the contact details above.

By checking the box below, you are acknowledging that you have read the above information and have had the opportunity to ask the researchers any further questions you may have. You are also consenting to participating in the online survey as well as for your de-identified data to be published in an academic journal and used for a PhD thesis. You are also indicating that you are aware that you can contact the University of Wollongong Ethics Officer on (02) 4221 3386 or at [rso-ethics@uow.edu.au](mailto:rso-ethics@uow.edu.au) if you have any concerns or complaints regarding the way in which the research is conducted.

☐ **I consent to participate**

## **APPENDIX M- STUDY THREE PARTICIPANT INFORMATION AND CONSENT**

This PIS and Consent page appeared at the beginning of the online survey. In the case of the online survey, the check box had to be ticked in order for the participant to progress to the survey items. In the case of the paper copy, participants had to return their signed consent form to the researcher prior to commencing the survey.



Thank you for your interest in the study.

**TITLE:** An investigation of a supervisory intervention to promote metacommunication skills in psychology trainees.

**PURPOSE OF THE RESEARCH:** This phase of the study (phase one) aims to explore supervisee's experiences of metacommunication in supervision.

**INVESTIGATORS:**

**Frank Deane**

Principal Investigator/  
Supervisor

fdeane@uow.edu.au

(02) 4221 4523

**Fiona Calvert**

Student Investigator

fcalvert@uow.edu.au

(02) 4221 5624

**Brin Grenyer**

Co-supervisor

grenyer@uow.edu.au

(02) 4221 3474

**RESEARCH PROCEDURES:** If you choose to participate, you will be asked to complete an online survey. The aim of the survey will be to explore your experiences of metacommunication within your primary supervision relationship. Metacommunication refers to talking directly about the supervision relationship with your supervisor. You will be presented with examples of different types of metacommunication and asked to provide a rating on: the frequency with which this occurs in your supervision; your willingness to engage in this form of communication in supervision; and your thoughts about your supervisor's willingness to engage in this type of communication. You will then be asked to complete questions exploring the nature of your supervision relationship (including supervision working alliance, real relationship and parallel process). It is anticipated that this will take approximately 15 minutes to complete. At the end of the questionnaire, you will have the option to provide your first name and a postal address to receive a \$20 Coles Myer gift voucher.

**BENEFITS OF THIS RESEARCH:** The development of relational competencies in psychology training is an important area for research inquiry. Metacommunication as a strategy to develop relational competencies is currently poorly understood and we hope that this research can add to our understanding of how relational experiences in supervision may assist in the relational skill development of psychology supervisees.

**POSSIBLE RISKS/ DISCOMFORT:** We do not anticipate that participating in this research carries risks of distress. However, in the unlikely event of distress, you will be invited to contact one of the following services for support:

Lifeline: 24-hour telephone referral and support service, 13 11 14  
Beyond Blue: 24-hour telephone referral and support service, 1300 22 4636

**PRIVACY AND CONFIDENTIALITY:** Your participation in this study is entirely confidential. Your data will be identified by a unique code that you create. At the end of the survey, you will be re-routed to a separate survey where you will be able to enter your name and postal address if you wish to receive the \$20 voucher. You will also have the option to include your email address should you wish to be informed of future research opportunities. Your responses in the survey will be stored separately from and will not be matched with any contact details you provide. This study has been reviewed by the Human Research Ethics Committee (Social Science, Humanities and Behavioural Science) of the University of Wollongong. If you have any concerns or complaints regarding the way in which this research is being conducted, please contact the University of Wollongong Ethics Officer on (02) 4221 4457.

**PARTICIPATION AND CONSENT:** You are free to refuse to grant permission for participation in this study or, having consented, to withdraw your consent at any stage of the study. Refusing to participate or withdrawing consent will not affect your relationship the Human Research Ethics Committee (HREC) or the University of Wollongong. If you have any questions about the study, please contact Frank Deane or Fiona Calvert as per the contact details above.

By checking the box below, you are acknowledging that you have read the above information and have had the opportunity to ask the researchers any further questions you may have. You are also consenting to participating in the online survey as well as for your de-identified data to be published in an academic journal and used for a PhD thesis. You are also indicating that you are aware that you can contact the University of Wollongong Ethics Officer on (02) 4221 3386 or at [rso-ethics@uow.edu.au](mailto:rso-ethics@uow.edu.au) if you have any concerns or complaints regarding the way in which the research is conducted.

☐ I have read the above participant information and consent to participating in the study



## **APPENDIX N - STUDY FOUR PARTICIPANT INFORMATION AND CONSENT**

This PIS and Consent page appeared at the beginning of the online survey. Participants were required to tick the check box prior to commencing the survey items.



Thank you for your interest in the study.

**TITLE:** An investigation of a supervisory intervention to promote metacommunication skills in psychology trainees.

**PURPOSE OF THE RESEARCH:** This phase of the study (Phase Two) involves an online training tool and supervisory intervention tools on metacommunication. We hope to gather information about supervisee's experiences in using both of these tools.

#### **INVESTIGATORS:**

**Frank Deane**

Principal Investigator/ Supervisor  
fdeane@uow.edu.au  
(02) 4221 4523

**Fiona Calvert**

Student Investigator  
fcalvert@uow.edu.au  
(02) 4221 5624

**Brin Grenyer**

Co-supervisor  
grenyer@uow.edu.au  
(02) 4221 3474

**RESEARCH PROCEDURES:** If you choose to participate, you will be asked to complete an online training module and supervisory intervention. The online training module consists of information about and role play demonstrations of the clinical skill of metacommunication. Metacommunication refers to talking directly about the therapy relationship with the client. At the end of the training module, you will be asked to complete questionnaires on the nature of your primary supervision relationship. You will also be asked to indicate your degree of willingness around using metacommunication in supervision on a simple Likert scale and invited to provide a qualitative comment both on the perceived benefits of metacommunication in supervision, as well as the perceived barriers/challenges to its use. We anticipate that the online training will take 20-30 minutes to complete. Upon completion of this component of the study, you are eligible to receive a \$20 Coles Myer Gift Card.

You will then be invited to continue on to the next component of the study, which involves employing a metacommunication exercise in your supervision. You will be asked to set aside 15 minutes at the end of a supervision session to engage in the metacommunication exercise with your supervisor. You will be given a sealed envelope which contains prompts aimed at encouraging metacommunication with your supervisor. The prompts are designed to facilitate a spontaneous discussion about what has occurred in the supervision session. Following this exercise, you will be asked to complete an online survey as soon as possible after the supervision session by following an online link. The survey will consist of measures of your supervision relationship, as well as open-ended questions regarding your experience of the exercise. Your supervisor will not see these responses which will be completely confidential.

**BENEFITS OF THIS RESEARCH:** The development of relational competencies in psychology training is an important area for research inquiry. This concept is currently poorly understood and we hope that this research can add to our understanding of how relational experiences in supervision may assist in the development of relational skill development for psychology supervisees.

**POSSIBLE RISKS/ DISCOMFORT:** We do not anticipate that participating in this research carries risks of distress. However, in the unlikely event of distress, you will be invited to contact one of the following services for support:

Lifeline: 24-hour telephone referral and support service, 13 11 14

Beyond Blue: 24-hour telephone referral and support service, 1300 22 4636

**PRIVACY AND CONFIDENTIALITY:** Your participation in this study is entirely confidential. Your survey data will be identified by a unique code that has been given to you by the researcher. This study has been reviewed by the Human Research Ethics Committee (Social Science, Humanities and Behavioural Science) of the University of Wollongong. If you have any concerns or complaints regarding the way in which this research is being conducted, please contact the University of Wollongong Ethics Officer on (02) 4221 4457.

**PARTICIPATION AND CONSENT:** You are free to refuse to grant permission for participation in this study or, having consented, to withdraw your consent at any stage of the study. Refusing to participate or withdrawing consent will not affect your relationship the Human Research Ethics Committee (HREC) or the University of Wollongong. If you have any questions about the study, please contact Frank Deane or Fiona Calvert as per the contact details above.

By checking the box below, you are acknowledging that you have read the above information and have had the opportunity to ask the researchers any further questions you may have. You are also consenting to participating in the online survey as well as for your de-identified data to be published in an academic journal and used for a PhD thesis. You are also indicating that you are aware that you can contact the University of Wollongong Ethics Officer on (02) 4221 3386 or at [rso-ethics@uow.edu.au](mailto:rso-ethics@uow.edu.au) if you have any concerns or complaints regarding the way in which the research is conducted.

☐ I have read the above participant information and consent to participating in the study

## **APPENDIX O - DEMOGRAPHIC QUESTIONS**

Please note that the demographic variable of age was collected only included Studies 2-5.

Information on participants' cultural background was only collected in Study 1.

Instructions: In this section you will be asked for information about yourself and your professional background. For some questions you only need to mark the appropriate answers, for others you need to type the answers in the space provided. Thank you for your assistance.

## DEMOGRAPHIC INFORMATION

1. Age: \_\_\_\_\_ (Years)

2. Gender:

☐ Male

☐ Female

3. In which country were you born? \_\_\_\_\_

4. If other than Australia, how many years have you lived in Australia? \_\_\_\_\_

6. What cultural background(s) do you identify with \_\_\_\_\_

8. Occupation: \_\_\_\_\_

if student, please specify the study area: \_\_\_\_\_

9. Level of education completed:

Years of school completed \_\_\_\_\_

A. Trade or Technical qualification

B. Tertiary (Certificate or diploma)

C. Tertiary degree (B.A., B.Sc., B.Com, etc)

D. Postgraduate degree (Masters, PhD, etc)

E. Other:

Description of qualification \_\_\_\_\_

10. Years worked in mental health \_\_\_\_\_

11. Which of the following best describes the population you are primarily working with at your workplace?

A. Adults

B. Children/adolescents

C. Geriatrics

D. Combined

12. Which of the following best describes your primary theoretical orientation?

A. Cognitive-Behavioral (including cognitive and behavioral)

B. Existential/Humanistic

C. Family Systems

D. Psychodynamic

E. Other

**APPENDIX P – SUPERVISION METHODS QUESTIONS FOR  
STUDY ONE**

In this section, you will be asked for information about your supervision practices for developing supervisee relationship competence and reflective practice

**Relationship competence** refers to the development of relational knowledge and skills, including the ability to listen and be empathic to others, the ability to engage in perspective-taking, knowledge of basic relationship skills and demonstration of basic skills in rapport building and active listening. The relationship competency also involves the ability to tolerate ambiguities in relationships, an understanding that relational processes provide useful data, and the ability to understand and discuss relational dynamics with others in a moment-to-moment fashion.

- a. Please outline the methods you use in supervision to enhance your supervisees' relationship competence:

--

**Reflective practice** refers to the ability to take a reflective position within relationships. It involves stepping back from the relational processes at hand and examining one's own biases, reactions, affect, and behaviour in order for new learning to occur.

- b. Please outline the methods you use in supervision to enhance your supervisees' reflective capacity:



Please rate each of these supervision activities in terms of how useful you feel they are in supervision:

1	2	3	4	5
Not at all	Not very	Somewhat	Useful	Very useful
useful	useful	useful		

<b>Supervisee Journal Writing:</b> Supervisee records reflections on themes, patterns, internal experiences etc. of events in therapy. This may then be reviewed with supervisor.	1	2	3	4	5
<b>Supervisor Socratic Questioning:</b> During supervision, supervisor uses <i>how</i> and <i>what</i> questions to stimulate supervisee reflection on events or dilemmas in therapy.	1	2	3	4	5
<b>Interpersonal Process Recall:</b> Supervisor and supervisee view a video of a therapy session together and reflect on themes, patterns, internal experiences of the therapist.	1	2	3	4	5
<b>“Thinking aloud” (Supervisor modelling of reflective thinking):</b> Supervisor models a reflective, decision making process aloud in supervision.	1	2	3	4	5

<b>Role playing interpersonal skills:</b> Supervisor and supervisee engage in a role play in supervision in order to develop interpersonal/ relational competencies or for supervisor to model responding to a particular occurrence in therapy.	1	2	3	4	5
<b>Reflexive dialogue:</b> Supervisor and supervisee engage in dialogue about the moment-to-moment relational patterns and processes occurring in supervision as an experiential learning strategy.	1	2	3	4	5

Please rate each of these supervision activities in terms of **how often** you use them in supervision

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Very frequently

<b>Supervisee Journal Writing:</b> Supervisee records reflections on themes, patterns, internal experiences etc. of events in therapy. This may then be reviewed with supervisor.	1	2	3	4	5
<b>Supervisor Socratic Questioning:</b> During supervision, supervisor uses <i>how</i> and <i>what</i> questions to stimulate supervisee reflection on events or dilemmas in therapy.	1	2	3	4	5

<b>Interpersonal Process Recall:</b> Supervisor and supervisee view a video of a therapy session together and reflect on themes, patterns, internal experiences of the therapist.	1	2	3	4	5
<b>“Thinking aloud” (Supervisor modelling of reflective thinking):</b> Supervisor models a reflective, decision making process aloud in supervision.	1	2	3	4	5
<b>Role playing interpersonal skills:</b> Supervisor and supervisee engage in a role play in supervision in order to develop interpersonal/ relational competencies or for supervisor to model responding to a particular occurrence in therapy.	1	2	3	4	5
<b>Reflexive dialogue:</b> Supervisor and supervisee engage in dialogue about the moment-to-moment relational patterns and processes occurring in supervision as an experiential learning strategy.	1	2	3	4	5

## **APPENDIX Q – SUPERVISORY WORKING ALLIANCE INVENTORY**

(Efstation, Patton, & Kardash, 1990).

This measure was completed by Supervisors participating in Study One.

Instructions: Please indicate the frequency with which the behaviour described in each of the following items seems characteristic of your work with your supervisee. For each item, check the number corresponding to the appropriate point of the following seven-point scale:

1	2	3	4	5	6	7
Almost						Almost
Never						Always

1. I help my trainee work within a specific treatment plan with his/her client.	1	2	3	4	5	6	7
2. I help my trainee stay on track during our meetings.	1	2	3	4	5	6	7
3. My style is to carefully and systematically consider the material that my trainee brings to supervision.	1	2	3	4	5	6	7
4. My trainee works with me on specific goals in the supervisory session.	1	2	3	4	5	6	7
5. In supervision, I expect my trainee to think about or reflect on my comments to him or her.	1	2	3	4	5	6	7
6. I teach my trainee through direct suggestion.	1	2	3	4	5	6	7
7. In supervision, I place a high priority on our understanding the client's perspective.	1	2	3	4	5	6	7
8. I encourage my trainee to take time to understand what the client is saying and doing.	1	2	3	4	5	6	7
9. When correcting my trainee's errors with a client, I offer alternative ways of intervening.	1	2	3	4	5	6	7

10. I encourage my trainee to formulate his/her own interventions with his/her clients.	1	2	3	4	5	6	7
11. I encourage my trainee to talk about the work in ways that are comfortable for him/her.	1	2	3	4	5	6	7
12. I welcome my trainee's explanations about his/her client's behaviour.	1	2	3	4	5	6	7
13. During supervision, my trainee talks more than I do.	1	2	3	4	5	6	7
14. I make an effort to understand my trainee.	1	2	3	4	5	6	7
15. I am tactful when commenting about my trainee's performance.	1	2	3	4	5	6	7
16. I facilitate my trainee's talking in our sessions.	1	2	3	4	5	6	7
17. In my supervision, my trainee is more curious than anxious when discussing his/her difficulties with me.	1	2	3	4	5	6	7
18. My trainee appears to be comfortable working with me.	1	2	3	4	5	6	7
19. My trainee understands client behaviour and treatment techniques similar to the way I do.	1	2	3	4	5	6	7
20. During supervision, my trainee seems able to stand back and reflect on what I am saying to him/her.	1	2	3	4	5	6	7
21. I stay in tune with my trainee during supervision.	1	2	3	4	5	6	7
22. My trainee identifies with me in the way he/she thinks and talks about his/her clients.	1	2	3	4	5	6	7
23. My trainee consistently implements suggestions made in supervision.	1	2	3	4	5	6	7

## **APPENDIX R – SUPERVISORY WORKING ALLIANCE INVENTORY-**

### **TRAINEE FORM** (Efstation, Patton, & Kardash, 1990).

This measure was completed by supervisees participating in Study One and Study Three.

Instructions: Please indicate the frequency with which the behaviour described in each of the following items seems characteristic of your work with your supervisor. For each item, check the number corresponding to the appropriate point of the following seven-point scale:

1	2	3	4	5	6	7
Almost						Almost
Never						Always

1. I feel comfortable working with my supervisor.	1	2	3	4	5	6	7
2. My supervisor welcomes my explanations about the clients' behaviour.	1	2	3	4	5	6	7
3. My supervisor makes the effort to understand me.	1	2	3	4	5	6	7
4. My supervisor encourages me to talk about my work with clients in ways that are comfortable for me.	1	2	3	4	5	6	7
5. My supervisor is tactful when commenting about my performance.	1	2	3	4	5	6	7
6. My supervisor encourages me to formulate my own interventions with the client.	1	2	3	4	5	6	7
7. My supervisor helps me talk freely in our sessions.	1	2	3	4	5	6	7
8. My supervisor stays in tune with me during supervisions.	1	2	3	4	5	6	7
9. I understand client behaviour and treatment technique similar to the way my supervisor does.	1	2	3	4	5	6	7



10. I would feel free to mention to my supervisor any troublesome feelings I might have about him/her.	1	2	3	4	5	6	7
11. My supervisor treats me like a colleague in our supervisory sessions.	1	2	3	4	5	6	7
12. In supervision, I am more curious than anxious when discussing difficulties with clients.	1	2	3	4	5	6	7
13. In supervision, my supervisor places a high priority on our understanding the clients' perspective.	1	2	3	4	5	6	7
14. My supervisor encourages me to take time to understand what the client is saying and doing.	1	2	3	4	5	6	7
15. My supervisor's style is to carefully and systematically consider the material I bring to supervision.	1	2	3	4	5	6	7
16. When correcting my errors with a client, my supervisor offers alternative ways of intervening with that client.	1	2	3	4	5	6	7
17. My supervisor helps me work within a specific treatment plan with my clients.	1	2	3	4	5	6	7
18. My supervisor helps me stay on track during our meetings.	1	2	3	4	5	6	7
19. I work with my supervisor on specific goals in the supervisory session	1	2	3	4	5	6	7

## **APPENDIX S – THE ISOMORPHISM SCALE** (Heidel, 2012).

This measure was completed by Supervisors and Supervisees in Study One and Study Three.

Please indicate the level with which you are in agreement or disagreement with the statements presented in each of the following items in regards to your work within your supervision. For each item, select a number of the following scale from 1 to 5 into the blank space next to item which best reflects your agreement or disagreement:

1	2	3	4	5
Strongly	Disagree	Neither	Agree	Strongly
Disagree		Disagree		Agree
		nor Agree		

1. I believe that using my counseling theoretical orientation in supervision leads to better supervisee functioning.	1	2	3	4	5
2. I believe the basic principles of change employed in therapy are similar to the basic principles of change used in supervision.	1	2	3	4	5
3. I believe it is highly important to use my counseling theoretical orientation in supervision.	1	2	3	4	5
4. I have processed the similarities of supervision and counseling with supervisees in my supervisory practice.	1	2	3	4	5
5. I process the roles of supervisor and supervisee in my supervisory practice.	1	2	3	4	5
6. I have challenged my supervisees' thinking styles when training them in supervision.	1	2	3	4	5
7. I believe promoting the autonomy of supervisees is an important part of supervision.	1	2	3	4	5
8. I place an emphasis on supervisory dynamics in the supervisory dyad.	1	2	3	4	5
9. I believe the goals of supervision and counseling are similar.	1	2	3	4	5
10. I urge supervisees to reflect on their practice in supervision.	1	2	3	4	5
11. I have had to process countertransference issues with supervisees in my supervisory practice.	1	2	3	4	5
12. I clarify boundaries in supervision.	1	2	3	4	5

13. There have been instances in my supervisory practice where the recapitulation of supervisees' family dynamics has been processed in supervision.	1	2	3	4	5
14. I facilitate supervision using my counseling theoretical orientation.	1	2	3	4	5
15. I teach skills in supervision using my counseling theoretical orientation.	1	2	3	4	5
16. I have found that the content of supervision is similar to the content of counselling.	1	2	3	4	5
17. I think that most models of supervision come directly from counseling theory.	1	2	3	4	5
18. I think that the success of supervision hinges on the use of my counseling theoretical orientation.	1	2	3	4	5
19. I have used counseling interventions to initiate supervisee growth in supervision.	1	2	3	4	5
20. I believe that supervisees adopt the dynamics they are exposed to in supervision.	1	2	3	4	5
21. I have found that the process of supervision is similar to the process of counseling.	1	2	3	4	5
22. I have found that supervisees bring personal affective issues (feelings and emotions) unrelated to their counseling practice into the supervisory relationship.	1	2	3	4	5
23. I have used counseling interventions to empower supervisees in supervision.	1	2	3	4	5
24. I have had to process transference issues with supervisees in my supervisory practice.	1	2	3	4	5
25. I have used similar techniques in supervision and counseling.	1	2	3	4	5
26. I believe the same set of skills are needed in both supervision and counseling.	1	2	3	4	5
27. I believe that the processing the supervisee's family of origin dynamics is an important part of supervision.	1	2	3	4	5

28. I have found that supervisees bring personal cognitive issues (thoughts, memories, perceptions) unrelated to their counseling practice into the supervisory relationship.	1	2	3	4	5
29. It is important to carry over counseling theory and principles into supervision.	1	2	3	4	5
30. I structure supervision using my counseling theoretical orientation.	1	2	3	4	5

**APPENDIX T – THE REAL RELATIONSHIP INVENTORY-  
THERAPIST FORM** (Gelso et al., 2005).

This measure was modified for use in the supervisory relationship and  
completed by Supervisors in Study One and Study Three.

Please complete the items below in terms of your relationship with your supervisee. Use the following 1-5 scale in rating each item.

1	2	3	4	5
Strongly	Disagree	Neutral	Agree	Strongly
Disagree				Agree

1. My supervisee is able to see me as a real person, separate from my role as a supervisor.	1	2	3	4	5
2. My supervisee and I are able to be genuine in our relationship.	1	2	3	4	5
3. My supervisee feels liking for the “real me”.	1	2	3	4	5
4. My trainee works with me on specific goals in the supervisory session.	1	2	3	4	5
5. I am able to realistically respond to my supervisee.	1	2	3	4	5
6. I hold back significant parts of myself.	1	2	3	4	5
7. I feel that there is a “real” relationship between us aside from the professional relationship.	1	2	3	4	5
8. My supervisee and I are honest in our relationship.	1	2	3	4	5
9. My supervisee has little caring for who I “truly am”.	1	2	3	4	5
10. We feel a deep and genuine caring for one another.	1	2	3	4	5
11. My supervisee holds back significant parts of him/herself.	1	2	3	4	5
12. My supervisee has respect for me as a person.	1	2	3	4	5
13. There is no genuinely positive connection between us.	1	2	3	4	5
14. My supervisee’s feelings toward me seem to fit who I am as a person.	1	2	3	4	5
15. I do not like my supervisee as a person.	1	2	3	4	5
16. I value the honesty of our relationship.	1	2	3	4	5
17. The relationship between my supervisee and me is strengthened by our understanding of one another.	1	2	3	4	5

18. It is difficult for me to express what I truly feel about my supervisee.	1	2	3	4	5
19. My supervisee has unrealistic perceptions of me.	1	2	3	4	5
20. My supervisee and I have difficulty accepting each other as we really are.	1	2	3	4	5
21. My supervisee distorts the therapy relationship.	1	2	3	4	5
22. I have difficulty being honest with my supervisee.	1	2	3	4	5
23. My supervisee shares with me the most vulnerable parts of him/herself.	1	2	3	4	5
24. My supervisee genuinely expresses a connection to me.	1	2	3	4	5



## **APPENDIX U – THE REAL RELATIONSHIP INVENTORY- CLIENT**

### **VERSION** (Gelso et al., 2005; Kelley et al., 2010)

This measure was modified for use in the supervisory relationship and completed by Supervisees in Study One and Study Three.

Please complete the items below in terms of your relationship with your supervisee. Use the following 1-5 scale in rating each item.

1	2	3	4	5
Strongly	Disagree	Neutral	Agree	Strongly
Disagree				Agree

1. I am able to be myself with my supervisor.	1	2	3	4	5
2. My supervisor and I have a realistic perception of our relationship.	1	2	3	4	5
3. I hold back significant parts of myself.	1	2	3	4	5
4. I appreciate being able to express my feelings in supervision.	1	2	3	4	5
5. My supervisor likes the real me.	1	2	3	4	5
6. It is difficult to accept who my supervisor really is.	1	2	3	4	5
7. I am open and honest with my supervisor.	1	2	3	4	5
8. My supervisor's perceptions of me seem colored by his or her own issues.	1	2	3	4	5
9. The relationship between my supervisor and me is strengthened by our understanding of one another.	1	2	3	4	5
10. My supervisor seems genuinely connected to me.	1	2	3	4	5
11. I am able to communicate my moment-to-moment inner experience to my supervisor.	1	2	3	4	5
12. My supervisor holds back his/her genuine self.	1	2	3	4	5
13. I appreciate my supervisor's limitations and strengths.	1	2	3	4	5
14. We do not really know each other realistically.	1	2	3	4	5

15. My supervisor and I are able to be authentic in our relationship.	1	2	3	4	5
16. I am able to see myself realistically in supervision.	1	2	3	4	5
17. My supervisor and I have an honest relationship.	1	2	3	4	5
18. I am able to separate out my realistic perceptions of my supervisor from my unrealistic perceptions.	1	2	3	4	5
19. My supervisor and I have expressed a deep and genuine caring for one another.	1	2	3	4	5
20. I have a realistic understanding of my supervisor as a person.	1	2	3	4	5
21. My supervisor does not see me as I really am.	1	2	3	4	5
22. I feel there is a significant holding back in our relationship.	1	2	3	4	5
23. My supervisor's perceptions of me are accurate.	1	2	3	4	5
24. It is difficult for me to express what I truly feel about my supervisor.	1	2	3	4	5

## **APPENDIX V – STUDY TWO OPEN RESPONSE QUESTIONS**

Completed by supervisors participating in Study Two.

1. In your opinion, what constitutes relational competence in a practising psychologist (i.e. what are the ingredients in working with relational dynamics in a competent manner?)

2. If you were to observe or measure your supervisees' relational competence, what markers or indicators would you look for (both in their reflections with you and in observing their work with clients where possible)?

3. Please provide some comment around the supervisee's developmental level. Do you feel that relational competence markers depends upon the supervisee's stage of development? How so?

## **APPENDIX W– METACOMMUNICATION IN SUPERVISION QUESTIONNAIRE**

Developed for and completed by supervisees participating in Study Two and Study Three.

<b>Q1. My supervisor and I talk directly about the supervisory relationship.</b>	How <b>willing</b> would <b>you</b> be to do this in supervision?  <input type="radio"/> Not at all willing <input type="radio"/> Would consider it <input type="radio"/> Quite Willing <input type="radio"/> Very Willing	How <b>willing</b> do you think your <b>supervisor</b> would be to do this in supervision?  <input type="radio"/> Not at all willing <input type="radio"/> Would consider it <input type="radio"/> Quite Willing <input type="radio"/> Very Willing	How frequently does this occur in your supervision?  <input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often
<b>Q2. My supervisor and I openly negotiate the terms of our relationship.</b>	How <b>willing</b> would <b>you</b> be to do this in supervision?  <input type="radio"/> Not at all willing <input type="radio"/> Would consider it <input type="radio"/> Quite Willing <input type="radio"/> Very Willing	How <b>willing</b> do you think your <b>supervisor</b> would be to do this in supervision?  <input type="radio"/> Not at all willing <input type="radio"/> Would consider it <input type="radio"/> Quite Willing <input type="radio"/> Very Willing	How frequently does this occur in your supervision?  <input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often
<b>Q3. My supervisor and I monitor what is working/ not working between us in supervision.</b>	How <b>willing</b> would <b>you</b> be to do this in supervision?  <input type="radio"/> Not at all willing <input type="radio"/> Would consider it <input type="radio"/> Quite Willing <input type="radio"/> Very Willing	How <b>willing</b> do you think your <b>supervisor</b> would be to do this in supervision?  <input type="radio"/> Not at all willing <input type="radio"/> Would consider it <input type="radio"/> Quite Willing <input type="radio"/> Very Willing	How frequently does this occur in your supervision?  <input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often

<b>Q4. My supervisor checks in with me about my feelings about what is happening between us in supervision.</b>	How <b>willing</b> would <b>you</b> be to do this in supervision?  <input type="radio"/> Not at all willing <input type="radio"/> Would consider it <input type="radio"/> Quite Willing <input type="radio"/> Very Willing	How <b>willing</b> do you think your <b>supervisor</b> would be to do this in supervision?  <input type="radio"/> Not at all willing <input type="radio"/> Would consider it <input type="radio"/> Quite Willing <input type="radio"/> Very Willing	How frequently does this occur in your supervision?  <input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often
<b>Q5. My supervisor and I discuss whether supervision is meeting my needs.</b>	How <b>willing</b> would <b>you</b> be to do this in supervision?  <input type="radio"/> Not at all willing <input type="radio"/> Would consider it <input type="radio"/> Quite Willing <input type="radio"/> Very Willing	How <b>willing</b> do you think your <b>supervisor</b> would be to do this in supervision?  <input type="radio"/> Not at all willing <input type="radio"/> Would consider it <input type="radio"/> Quite Willing <input type="radio"/> Very Willing	How frequently does this occur in your supervision?  <input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often
<b>Q6. When I have trouble responding to a client, my supervisor and I discuss how I struggle with the same issue in the supervisory relationship.</b>	How <b>willing</b> would <b>you</b> be to do this in supervision?  <input type="radio"/> Not at all willing <input type="radio"/> Would consider it <input type="radio"/> Quite Willing <input type="radio"/> Very Willing	How <b>willing</b> do you think your <b>supervisor</b> would be to do this in supervision?  <input type="radio"/> Not at all willing <input type="radio"/> Would consider it <input type="radio"/> Quite Willing <input type="radio"/> Very Willing	How frequently does this occur in your supervision?  <input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often



<b>Q7. My supervisor and I speak about parallels or similarities between myself and my clients.</b>	<p>How <b>willing</b> would <b>you</b> be to do this in supervision?</p> <p><input type="radio"/> Not at all willing</p> <p><input type="radio"/> Would consider it</p> <p><input type="radio"/> Quite Willing</p> <p><input type="radio"/> Very Willing</p>	<p>How <b>willing</b> do you think your <b>supervisor</b> would be to do this in supervision?</p> <p><input type="radio"/> Not at all willing</p> <p><input type="radio"/> Would consider it</p> <p><input type="radio"/> Quite Willing</p> <p><input type="radio"/> Very Willing</p>	<p>How frequently does this occur in your supervision?</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Rarely</p> <p><input type="radio"/> Sometimes</p> <p><input type="radio"/> Often</p>
<b>Q8. When I am worried that my supervisor may be feeling something negative towards me (e.g., frustration), we talk about this together directly.</b>	<p>How <b>willing</b> would <b>you</b> be to do this in supervision?</p> <p><input type="radio"/> Not at all willing</p> <p><input type="radio"/> Would consider it</p> <p><input type="radio"/> Quite Willing</p> <p><input type="radio"/> Very Willing</p>	<p>How <b>willing</b> do you think your <b>supervisor</b> would be to do this in supervision?</p> <p><input type="radio"/> Not at all willing</p> <p><input type="radio"/> Would consider it</p> <p><input type="radio"/> Quite Willing</p> <p><input type="radio"/> Very Willing</p>	<p>How frequently does this occur in your supervision?</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Rarely</p> <p><input type="radio"/> Sometimes</p> <p><input type="radio"/> Often</p>
<b>Q9. When I feel uncomfortable or upset about something that happens in supervision, my supervisor and I discuss this openly.</b>	<p>How <b>willing</b> would <b>you</b> be to do this in supervision?</p> <p><input type="radio"/> Not at all willing</p> <p><input type="radio"/> Would consider it</p> <p><input type="radio"/> Quite Willing</p> <p><input type="radio"/> Very Willing</p>	<p>How <b>willing</b> do you think your <b>supervisor</b> would be to do this in supervision?</p> <p><input type="radio"/> Not at all willing</p> <p><input type="radio"/> Would consider it</p> <p><input type="radio"/> Quite Willing</p> <p><input type="radio"/> Very Willing</p>	<p>How frequently does this occur in your supervision?</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Rarely</p> <p><input type="radio"/> Sometimes</p> <p><input type="radio"/> Often</p>

<b>Q10. My supervisor and I speak about how comfortable we feel to discuss things openly with one another in supervision.</b>	<p>How <b>willing</b> would <b>you</b> be to do this in supervision?</p> <p><input type="radio"/> Not at all willing</p> <p><input type="radio"/> Would consider it</p> <p><input type="radio"/> Quite Willing</p> <p><input type="radio"/> Very Willing</p>	<p>How <b>willing</b> do you think your <b>supervisor</b> would be to do this in supervision?</p> <p><input type="radio"/> Not at all willing</p> <p><input type="radio"/> Would consider it</p> <p><input type="radio"/> Quite Willing</p> <p><input type="radio"/> Very Willing</p>	<p>How frequently does this occur in your supervision?</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Rarely</p> <p><input type="radio"/> Sometimes</p> <p><input type="radio"/> Often</p>
<b>Q11. My supervisor and I speak about things that may have previously been censored, concealed or unsaid in our relationship.</b>	<p>How <b>willing</b> would <b>you</b> be to do this in supervision?</p> <p><input type="radio"/> Not at all willing</p> <p><input type="radio"/> Would consider it</p> <p><input type="radio"/> Quite Willing</p> <p><input type="radio"/> Very Willing</p>	<p>How <b>willing</b> do you think your <b>supervisor</b> would be to do this in supervision?</p> <p><input type="radio"/> Not at all willing</p> <p><input type="radio"/> Would consider it</p> <p><input type="radio"/> Quite Willing</p> <p><input type="radio"/> Very Willing</p>	<p>How frequently does this occur in your supervision?</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Rarely</p> <p><input type="radio"/> Sometimes</p> <p><input type="radio"/> Often</p>
<b>Q12. When my supervisor and I have a difference of opinion, we discuss this together openly.</b>	<p>How <b>willing</b> would <b>you</b> be to do this in supervision?</p> <p><input type="radio"/> Not at all willing</p> <p><input type="radio"/> Would consider it</p> <p><input type="radio"/> Quite Willing</p> <p><input type="radio"/> Very Willing</p>	<p>How <b>willing</b> do you think your <b>supervisor</b> would be to do this in supervision?</p> <p><input type="radio"/> Not at all willing</p> <p><input type="radio"/> Would consider it</p> <p><input type="radio"/> Quite Willing</p> <p><input type="radio"/> Very Willing</p>	<p>How frequently does this occur in your supervision?</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Rarely</p> <p><input type="radio"/> Sometimes</p> <p><input type="radio"/> Often</p>

## **APPENDIX X– STUDY FOUR VIGNETTE SCRIPTS**

## Vignette 1: Therapist giving bad advice on how to study

### Preamble:

You have been seeing this client for 12 weeks. He is speaking with you about difficulties with procrastination with his studies. You have just gone through some strategies for effective study habits.

You will now see various responses from the client about this. When the video pauses, you will have 30 seconds to write a possible response to the client. *Please write your statement as if you are speaking directly to the client.*

Please note that there are no right or wrong answers here. We are interested in hearing your ideas. You do not have to provide a response during every pause- some can be left blank if you wish.

1. I don't think you get it. You think I haven't already tried strategies like this?

.....

2. I just feel like you are oversimplifying the issue. These techniques make it seem like this is easy. Like I should just be sitting down and getting stuck into it without any issues. But it isn't easy for me at all. I've tried things like this and it's still really hard.

.....

3. You obviously just think I'm an idiot. It really just feels like you are saying I'm too dumb to even be studying. Actually, I do know how to study- that's not the problem here.

.....

4. Going through these study habits with me... it actually just makes me feel worse. And I feel like you just think I am hopeless and shouldn't be going to Uni. That's what it feels like you are saying.

.....

5. *Silent angry stare*

.....

## Vignette 2: Therapist needing to terminate after 12 weeks

### Preamble:

You have been seeing this client for 12 weeks. Due to unforeseen changes in your circumstances, you will be leaving the clinic shortly and can no longer continue to provide therapy to the client. You feel as though you have done some good work with this client so far, and he has been telling you the same. You have just finished telling him about your impending departure and handover options.

You will now see various responses from the client about this. When the video pauses, you will have 30 seconds to write a possible response to the client. *Please write your statement as if you are speaking directly to the client.*

Please note that there are no right or wrong answers here. We are interested in hearing your ideas. You do not have to provide a response during every pause- some can be left blank if you wish.

1. Hang on, you are leaving? What do you mean you are leaving? It feels like we have only just started to work on the real issues here. I can't believe you would just dump me like this.

.....

2. This is like the 5<sup>th</sup> time this has happened to me. I start out working with a new therapist, it takes some time to warm up to them and get to know them. And then all of sudden they are leaving. This is unbelievable!

.....

3. What is even the point of going to therapy? Do you even understand what it is like to have to tell my story over and over again? I don't even know if you are taking this seriously. I don't think you even care.

.....

4. I wouldn't be surprised if this is just you putting me in the "too hard basket". Like this is your way of getting me off your caseload or something. Now I'm realising that I'm probably that client you hate seeing every week.

.....

5. *Silent angry stare*

.....

**APPENDIX Y– THE SELF-EFFICACY FOR IMMEDIACY SCALE (SEIm;**  
Hill, Spangler, Chui, & Jackson, 2014)

This measure was completed by Supervisees in Study Four.

The following questions relate to your current confidence about using metacommunication in your therapy work with clients.

1	2	3	4	5	6	7	8	9
No					Complete			
Confidence					Confidence			

I can use metacommunication in a session with a client	1	2	3	4	5	6	7	8	9
I can use metacommunication to talk in the here-and-now to a client about our relationship	1	2	3	4	5	6	7	8	9
I can talk in the here-and-now about positive aspects of my relationship with my client	1	2	3	4	5	6	7	8	9
I can use metacommunication to address problems or misunderstandings between us as they arise	1	2	3	4	5	6	7	8	9

## **APPENDIX Z– CODING MANUAL**

This coding manual was employed for coding the vignette responses in Study Four.



## Client-focused

1. Labelling/observing the client's **immediate** emotional experience (no reference to I-Thou)

- You seem really angry.
- I can hear that you are very upset.
- You're feeling really hurt right now.
- You look sad.

2. Inviting client to express their **immediate** thoughts/ feelings (no reference to I-Thou)

- What are you feeling?
- Please help me understand what you are thinking right now.
- What are you feeling in this moment?
- I'm interested in how you are feeling right now.

3. Reinforcing the client sharing their feelings **in this moment** with the therapist

- Thank you for telling me about how you are feeling.
- I'm really glad that you can tell me how this is making you feel.
- I appreciate you being honest with me about how you are feeling.
- It makes me feel closer to you when we discuss this openly.

## Interpersonal Focus

4. Therapist makes an observation about the interpersonal field (what is going on interactionally between therapist and client), **in this moment**.

- It seems like *I* have made *you* feel abandoned.
- *You* seem angry with *me*.
- *You* think that *I* think you're stupid.
- *I* get the sense that *you* feel I'm not understanding you.
- *You* are feeling that *I* don't care about *you*.
- *You* are feeling judged by *me* as we talk about this.

5. Therapist invites client to speak to their **current** experience of the interpersonal field/the process

- Can you tell me what you think the problem here between us is?
- How does it feel to talk about this together?
- What is it like for you when I suggest that?

6. Therapist requests further joint exploration of the **current** dynamic (we, together). This might involve a request to pause, slow down, disengage from the content and focus on process.

- Can we slow down and talk about what is going on between us?
- Let's pause together and talk about how this is feeling.
- Would it be okay if we pause and notice what is happening between us?

- Let's address what is happening between us right now.

### **Therapist-focused**

7. Therapist discloses about their **current** feelings in the here and now

- I am feeling irritated right now.
- I am also feeling sad.
- I feel disappointed too.

8. Therapist explores the possible causes of the rupture. This includes asking for the client's perceptions of the therapist's thoughts and feelings about them.

- Is there something I am doing that makes you feel that I don't like you?
- What gives you the impression I think this about you?
- Is there something I did that made you feel this way?
- Am I the problem here?
- Is it possible that I've said something to make you feel this way?
- What is it that I am doing that is making you feel upset?
- What do you need from me that I am not providing?

9. Therapist expresses care towards client/therapy relationship

- I really enjoy working with you.
- I don't think you're useless.
- I appreciate our relationship.

10. Therapist takes responsibility for their part in the current rupture/difficulty. This must be about their role in the breakdown of communication

- You must feel invalidated by me.
- I am sorry that I have made you feel this way.
- I've clearly missed something here and I am sorry.
- I am sorry that I made you feel like I don't care.

Instances that are not included (as they aren't really about the therapist's actions)

- I'm sorry these techniques aren't helping.
- I'm sorry you feel that way.
- I'm sorry to hear this has happened to you before.

### **Not metacommunication (rated 0)**

- I know it is annoying.
- Help me understand what else I can do.
- I hear that these strategies haven't been helping you.
- Let's take a different approach .
- What do you think would be helpful?
- I can imagine that is difficult.
- It makes sense that you are frustrated.